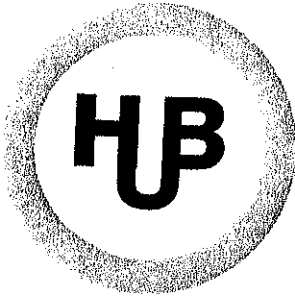




REMOVAL OF ASBESTOS CONTAINING
MATERIAL (ACM), SOIL, AND
CONSTRUCTION OF A SEMI-PERMANENT
BARRIER

For
Whittier Middle School
256 Concord Street
Beaver Hill, Massachusetts 01830

Prepared by
Hub Testing Laboratory, Inc.
Environmental Testing Service
95 Beaver Street, Wallingham, Massachusetts 02453
Phone (781) 893-8330 Fax (781) 893-4414



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

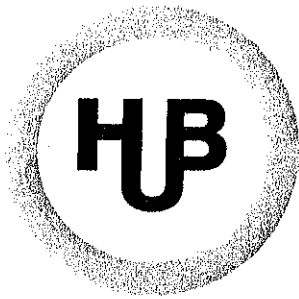
DOCUMENTATION CHECKLIST FOR ASBESTOS MONITORING PROJECT FINAL REPORTS

This information must be included in all final reports, either in the body of the text, or in an appendix attached hereto.

- | | | | |
|-----|--|-------------------|---------------------|
| 1. | Name and location of project | | <u>Page 1</u> |
| 2. | Location and type of ACBM | | <u>Page 1</u> |
| 3. | Amount of ACBM present (linear and/or square footage) | | <u>Page 1</u> |
| 4. | Type of abatement activity: | | |
| | Removal | <u>XX</u> | |
| | Encapsulation | <u> </u> | |
| | Enclosure | <u> </u> | |
| | Repair | <u> </u> | |
| 5. | Reason for activity | | <u>Page 1</u> |
| 6. | Start/stop dates | | <u>F</u> |
| 7. | Personnel documentation (<u>all</u> involved personnel): | | |
| | Workers, Supervisors | | |
| | -Certificates/licenses | | <u>F</u> |
| | -Health/Medical examination | | <u>F</u> |
| | -Training documentation | | <u>F</u> |
| | Project Monitors, Project Designers | | |
| | -Certificates/licenses | | <u>E</u> |
| | -Training documentation | | <u>E</u> |
| 8. | Contractor documentation/MA license | | <u>F</u> |
| 9. | Laboratory documentation: | | |
| | -MA license | | <u>E</u> |
| | -Certificate PCM/PLM/TEM | | <u>E</u> |
| 10. | Contractor's Job documentation: | | |
| | -Copies of Notifications to DLWD, DEP, EPA and applicable police, fire or safety authority | | <u>Attachment F</u> |
| | -Daily sign-in sheets (verify workers, supervisors, project monitors, and visitors) | | <u>F</u> |
| | -Contractor's submittal package, with abatement plan and standard operating procedure, respirator program, insurance, fire and emergency evacuation plan | | <u>G</u> |
| | -Chain of Custody documents for waste | | <u>G</u> |
| | -Disposal Manifest (Waste Shipment Record) | | <u>G</u> |
| | -Name and location of disposal site | | <u>G</u> |
| | -Name and Certification of disposal carrier | | <u>G</u> |

11. Consultants' job documentation:
- Daily checklists for work environment and/or conditions, with commentary of unusual or noteworthy activities Attachment B
 - Air monitoring data sheets showing location, date, type and number of samples collected and analyzed, indicate square footage and conformance to Appendix A, CFR 763.90(i)(2)(ii) Attachment A
 - Name and title of person performing analysis Page 1
 - Name and title of person performing final visual inspection and their certification Page 1

12. Checklist completed by: MELO Date: 12/11/08



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

Report For: Haverhill School Department
Mr. Jeffrey Dill
Supervisor of Energy and Maintenance
4 Summer St.
Haverhill, MA 01830

Project Site: Whittier Middle School
256 Concord Street
Haverhill, MA 01830

Scope of Work: Air Sampling And Monitoring During The
Removal Of Asbestos Containing Material
At The Whittier Middle School

Date: December 15, 2008

Submitted by: _____
Frederick T. Boyle
President

CONTENTS

1.	INTRODUCTION	1
2.	SUMMARY REPORT	1
3.	SAMPLING PROCEDURES	3
4.	LABORATORY ANALYSIS	3
5.	STEPS TAKEN TO PROTECT THE OCCUPANTS	4
5.1	BARRIER CONSTRUCTION	4
5.2	CONTINUOUS AIR MONITORING	5
5.3	WORKING IN WET CONDITIONS	5
5.4	FINAL INSPECTION	5
6.	STEPS TAKEN TO PROTECT THE ENVIRONMENT	5
7.	FINAL LEVELS OF ASBESTOS AFTER CLEANING	6
8.	WASTE DISPOSAL DOCUMENTATION	6

ATTACHMENT A
AIR MONITORING RESULTS

ATTACHMENT B
DAILY MONITORING CHECKLIST

ATTACHMENT C
PRE-ABATEMENT INSPECTION

ATTACHMENT D
FINAL CLEARANCE FORMS

ATTACHMENT E
LABORATORY DOCUMENTATION
PROJECT MONITORING DOCUMENTATION

ATTACHMENT F
CONTRACTOR DOCUMENTATION

- License / Accreditation
- Notifications
- Worker Documentation

ATTACHMENT G
WASTE SHIPMENT RECORD

ATTACHMENT H
SKETCH(S)

1. INTRODUCTION

Hub Testing Laboratories, Inc. was contracted to provide monitoring, laboratory analysis and technical services to assure a safe work environment during the removal of asbestos containing materials at the Whittier Middle School, 256 Concord Street, Haverhill, Massachusetts. Compass Restoration Services, LLC, P.O. Box 584 Ludlow, MA, performed the asbestos abatement. The project consisted of the removal of asbestos containing pipe insulation, approximately 2500ft², and contaminated soil from two separate sections of the crawlspace and the removal of asbestos containing floor tile, approximately 800ft², from the office that is adjacent to the stage and cafeteria. (See attachment H Sketch) The abatement activities were carried out to facilitate repairs to deteriorated pipes which were insulated with asbestos containing materials. A field laboratory was set up on the premises in order to analyze the air samples and to provide the turn around time required by the job specifications. Asbestos abatement project monitoring was performed by Asbestos Project Monitor Mark Biancardi, License # AM000118.

2. SUMMARY REPORT

The abatement project was performed in order to clean sections of the crawlspace to allow for trades people to access deteriorated heating and plumbing pipes to facilitate repairs. In order to create a clean area a semi permanent barrier was erected of 2x4 studs around the area of concern. Headers and footers were attached to the cement ceiling of the crawlspace with concrete fasteners and to the dirt floor with landscape spikes. The framework was then covered on both sides with polyethylene sheeting creating a poly barrier on the inside of the containment as well as a secondary poly barrier on the outside or contained side of the crawlspace. Once abatement was complete the inside layers could be removed allowing the outside barrier to remaining place effectively sealing the contaminated section of the crawlspace from the newly cleaned sections of the

crawlspace. Access into these clean sections is through designated area and access into the remaining contaminated sections of the crawlspace in through alternative access.

In areas A and B (see attachment H) compass restoration workers first removed the pipe insulation and large pieces of debris from the containment and then went back and removed approximately 1" of soil. In the office floor tile were removed using manual techniques and wet methods.

Compass Restoration arrived on site on September 24, 2008 and began set up of the containment. Once the layout of the work area, water and electrical connections, decontamination unit, negative air pressure and manpower were found to be in compliance with regulations and the specification. Compass Restoration was given authorization to commence with the abatement.

All materials removed were thoroughly wetted with water, bagged and sealed. The bags were then placed in a additional asbestos waste bag and sealed prior to exiting the containment. An additional amount of water to every bag to insure the materials would stay wet. At completion of the removal the contractor cleaned the entire containment in preparation for the final visual inspection. Once Compass Restoration was satisfied they had completed their removal a final visual inspection was performed with both the contractor and the Project Monitors to insure the containment was visually clean and all asbestos containing materials and contaminated soil had been removed. Any deficiencies were pointed out to the supervisor as the inspection progressed and were remedied by the completions of the inspection. When all deficiencies were remedied final clearance air samples were collected using aggressive sampling technique. When the samples revealed that the asbestos fiber concentration was below clearance levels as established under the AHERA regulation Compass Restoration removed the equipment and any pieces of the barrier allowing the polyethylene sheet barrier separating the contaminated crawlspace from the uncontaminated crawlspace to remain in place.

Final clearance air samples from area A concentrations were in excess of the clearance standards as specified by the AHERA regulation. The containment was completely re-cleaned and a second set of clearance samples were collected.

3. SAMPLING PROCEDURES

All air asbestos monitoring and testing was performed under the guidelines specified by the U.S. Public Health Service as specified in USPH/NIOSH Membrane Filter Method for Evaluating Airborne Asbestos Fibers. This procedure is used for area monitoring. The general procedure calls for drawing a known volume of air through a membrane filter using a calibrated sampling pump. After the duration, flow rates were re-checked to make sure that the loading of the filter had not restricted sample flow. The filter holders were capped, wiped, sealed with tape and labeled. Pump identification, sample location, and calibration data are included in Attachment A. Final clearance sampling was conducted in compliance with Appendix A to Subpart E of 40 CFR 763.

4. LABORATORY ANALYSIS

Other than final clearance air samples all other air samples were examined using Phase Contrast Microscopy (PCM) per the National Institute for Occupational Safety and Health (NIOSH), Asbestos and Other Fibers Method 7400.

This technique enhances the contrast of the optical system allowing detection and measurement of small particles. Polarized Light Methods, used for analysis of asbestiform, however are not simultaneously compatible with PCM methods, and hence, only morphological properties can be used to identify particles with phase contrast illumination. Accordingly, analysis done by this method can eliminate some materials from being "suspect" but will not permit others, usually smaller, particles from being removed from this "suspect" category.

As mentioned above, all air samples were examined using the prescribed NIOSH techniques. More specifically it consists of dissolving the filter using acetone vapor to render it absolutely transparent, and then counting the fibers in a carefully dictated fashion using PCM. This procedure defines a fiber as any particle greater than 0.005 mm (5 microns) in length and having an aspect ratio (length to width) of three to one or greater. This procedure includes all fibers regardless of their nature.

In accordance with the AHERA regulations samples in work areas where more than 160 SF and 260 LF of material was removed, clearance samples were collected and analyzed in accordance with the requirements for Transmission Electron Microscopy (TEM) as prescribed by the Appendix A to Subpart E of 40 CFR Part 763.

5. STEPS TAKEN TO PROTECT OCCUPANTS

Occupants, school employees and trades persons working in the building were protected from exposure to asbestos fibers by the following methods.

5.1 BARRIER CONSTRUCTION

Semi permanent barriers were erected separating the sections of the crawlspace where abatement activity took place from adjacent remainders of the crawlspace as described previously.

In the office area critical barriers separated the work area from other inhabited areas. The barriers were constructed of two layer of 6-mil thickness of polyethylene plastic sheeting on all doorways, light fixtures, electrical outlets and other openings into the work area and subsequently covered with two layers of 6 mil polyethylene plastic sheet (poly) on all walls.

5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed on the outside of the barriers on a daily basis to aid in detection of fiber release in the event of a containment failure. Analytical results can be found in Attachment A.

5.3 WORKING IN WET CONDITIONS

At all times, amended water was used to wet the asbestos containing materials inside the work area to aid in minimizing airborne fiber level concentrations.

5.4 FINAL INSPECTION

The work area was inspected for visible residue after final cleaning of all surfaces. When residue was encountered the contractor re-cleaned until the criteria of "no visible debris" was satisfied as per Massachusetts regulation 453 CMR 6.14(5)(a).

6. STEPS TAKEN TO PROTECT THE ENVIRONMENT

The following steps were taken to prevent the release of airborne asbestos fibers outside the building and to ensure proper disposal of asbestos waste:

Construction of plastic sheet barriers, reinforced at window and door openings, and two layers of 6-mil plastic sheeting covered the walls and critical barriers. This allowed for removal to be performed without contaminating the environment beyond the barriers.

The work area was maintained as a negative pressure environment by means of three HEPA (High Efficiency Particulate Air) filtration units exhausted to the exterior. Asbestos containing material and asbestos contaminated items were removed in 6-mil asbestos labeled disposable bags, or placed into reinforced appropriately labeled and lined fiber drums. These bags and drums were removed to a lined waste truck and transported from the site to an approved landfill.

7. FINAL LEVEL OF ASBESTOS AFTER CLEANING

An inspection was made upon completion of the removal process. Wherever visible suspect debris was found, it was removed. At the time of final inspection, no accumulation of visible debris was found in the work area. Air monitoring was conducted throughout the project.

8. WASTE DISPOSAL DOCUMENTATION

The "Waste Shipment Record" must be provided to the Owner by the Contractor within 45 days of the completion of the project as stated in 40 CFR Part 61. This documentation is an important component of record keeping.

ATTACHMENT A
AIR MONITORING RESULTS



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19938
 Contractor: Compass Restoration Date: 9/19
 Job Site: Whittier Public Middle School Calibration Method: Rotometer
 Rotometer #: R-11
 Type of Sampling: Passive

Calibration:

Pump Number	11	02	10	07	01	IV-9	13			
Pre-Calibration	12	12	12	12	12	13	12			
Post-Calibration	12	12	12	12	12	12	12			
Average Flow	12	12	12	12	12	12	12			

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	1622	Result	198.9	Mean	182.9	Range	87.3-308.3
-----------------	---	-----------------	---	--------------------	------	--------	-------	------	-------	-------	------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
1	Janitor Fth Bed	11	12:30	2:30	120	1440	18	.006
2	Janitor 4th Post	01	12:30	2:30	120	1440	4	.001
3	Teacher's Room	10	12:35	2:30	115	1380	21	.007
4	Janitor 4th Janitor	07	12:35	2:30	115	1380	7	.002
5	Janitor 4th Janitor	01	12:40	2:40	120	1440	6	.002
6	Cafeteria Storage	IV-9	12:45	2:40	115	1380	13	.004
7	Lobby	13	12:50	2:40	120	1440	11.5	.003

Project Monitors Signature: [Signature] Date: 9/24/08



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19938
Contractor: Compass Calibration Date: 9/24
Job Site: Whittier Middle School Calibration Method: Rotometer
Type of Sampling: during prep
Rotometer #: R-11

Calibration:

Pump Number	IV-9	10	13							
Pre-Calibration	6.0	6.0	6.0							
Post-Calibration	6.0	6.0	6.0							
Average Flow	6.0	6.0	6.0							

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	165-1	Result	218	Mean	264	Range	131-452
-----------------	---	-----------------	---	--------------------	-------	--------	-----	------	-----	-------	---------

Sample ID.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
8	Janitor Stge	IV-9	9:30	2:30	300	1800	19	.005
9	mechanical room	10	9:30	2:30	300	1800	41	.01
10	front lobby	13	9:30	2:30	300	1800	16	.004

Project Monitors Signature: [Signature] Date 9/25/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools

Hub ID: 19938

Date: 9/25

Contractor: Compass restoration

Calibration Method: Rotometer

Job Site: Whittier middle school

Rotometer #: 2-11

Type of Sampling: during

Calibration:

Pump Number	IV-9	10	13	01						
Pre-Calibration	9	6	6	6						
Post-Calibration	9	6	6	6						
Average Flow	9	6	6	6						

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
0	0	1622	181.2	182.4	731-482

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
11	Janitor stage	IV-9	7:00	11:00	240	1440	11	.003
12	mechanical room	10	8:00	1:30	240	1440	17	.005
13	front lobby	13	8:00	1:30	240	1440	9	.003
14	4th back janitor	01	8:00	1:30	240	1440	3	.001

Project Monitors Signature: [Signature] Date: 9/26



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School Hub ID: 19938
 Contractor: Compass Restoration Date: 9/26
 Job Site: Whitier Middle School Calibration Method: Rotometer
 Rotometer #: R-1
 Type of Sampling: dwij

Calibration:

Pump Number	IV-9	10	13	01	13					
Pre-Calibration	6	6	6	6	6					
Post-Calibration	6	6	6	6	6					
Average Flow	6	6	6	6	6					

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	165-1	Result	213	Mean	264	Range	131-452
-----------------	---	-----------------	---	--------------------	-------	--------	-----	------	-----	-------	---------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
15	Janitor Stage	IV-9	7:30	11:40	250	1500	4	.001
16	mechanical room	10	7:30	11:40	250	1500	21	.006
14	front lobby	13	7:30	11:40	250	1500	4	.002
18	4th back Janitor	01	7:30	11:40	250	1500	6	.001
19	front lobby	13	12:00	2:45	165	990	6	.002

Project Monitors Signature: [Signature] Date: 9/29/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School

Hub ID: 19938

Date: 9/29

Contractor: Compass restorator

Calibration Method: rotometer

Job Site: Whittier middle school

Rotometer #: n-11

Type of Sampling: during

Calibration:

Pump Number	10	IV-9	01	11						
Pre-Calibration	6	6	6	6						
Post-Calibration	6	6	6	6						
Average Flow	6	6	6	6						

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
0	1	1622	162.8	162.4	89.5 - 308.3

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
20	Mechanical room	10	7:45	2:15	390	2340	38	.007
21	Janitor storage	IV-9	7:45	2:15	390	2340	12	.002
22	4th back Janitor	01	7:45	2:15	390	2340	6	.001
23	Janitor front 8th	11	7:45	2:15	390	2340	16	.003

Project Monitors Signature: [Signature] Date 9/30



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School

Hub ID: 1993A
 Date: 9/30

Contractor: Compass restoration

Calibration Method: rotmets

Job Site: Whitier Pub middle school

Rotometer #: R-11

Calibration: _____ Type of Sampling: during

Pump Number	IV-9	10	13						
Pre-Calibration	6	6	6						
Post-Calibration	6	6	6						
Average Flow	6	6	6						

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
1	1	165-1	267	264	131-482

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
24	Jandr Stair	IV-9	8:00	2:00	360	2160	11	.002
25	Mechanical room	10	8:00	2:00	360	2160	19	.004
26	Front lobby	13	8:00	2:00	360	2160	6	.001

Project Monitors Signature: Mr. M Date 10/1/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19938
 Date: 10/1
 Contractor: Compass Restoration Calibration Method: rotometer
 Job Site: Whittier middle school Rotometer #: R-11
 Type of Sampling: during

Calibration:

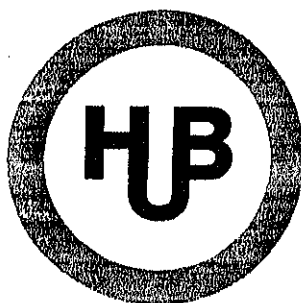
Pump Number	10	13	01	07					
Pre-Calibration	6	6	6	6					
Post-Calibration	6	6	6	6					
Average Flow	6	6	6	6					

Quality Control:

Blank #1 Result	<u>2</u>	Blank #2 Result	<u>0</u>	Reference Slide ID	<u>162.2</u>	Result	<u>181.2</u>	Mean	<u>182.4</u>	Range	<u>89.3-308.3</u>
-----------------	----------	-----------------	----------	--------------------	--------------	--------	--------------	------	--------------	-------	-------------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
<u>27</u>	<u>Mechanical room</u>	<u>10</u>	<u>7:45</u>	<u>2:15</u>	<u>390</u>	<u>2340</u>	<u>39</u>	<u>.008</u>
<u>28</u>	<u>Front lobby</u>	<u>13</u>	<u>7:45</u>	<u>2:15</u>	<u>390</u>	<u>2340</u>	<u>14</u>	<u>.002</u>
<u>29</u>	<u>Janitor 8th front</u>	<u>01</u>	<u>7:45</u>	<u>2:15</u>	<u>390</u>	<u>2340</u>	<u>18</u>	<u>.003</u>
<u>30</u>	<u>Janitor 4th back</u>	<u>07</u>	<u>7:45</u>	<u>2:15</u>	<u>390</u>	<u>2340</u>	<u>9</u>	<u>.001</u>

Project Monitors Signature: [Signature] Date 10/1



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19938
Date: 10/3
Contractor: Compass restoration Calibration Method: rotometer
Job Site: Whittier middle school Rotometer #: 211
Type of Sampling: dry

Calibration:

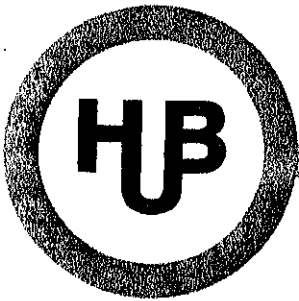
Pump Number	10	13	01	07	10					
Pre-Calibration	6	6	6	6	6					
Post-Calibration	6	6	6	6	6					
Average Flow	6	6	6	6	6					

Quality Control:

Blank #1 Result	.5	Blank #2 Result	0	Reference Slide ID	165.1	Result	218.2	Mean	264	Range	131-452
-----------------	----	-----------------	---	--------------------	-------	--------	-------	------	-----	-------	---------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
31	Mechanical room	10	7:00	11:15	255	1530	21	.006
32	Front lobby	13	8:00	2:30	390	2340	12.5	.002
33	Janitor 8th front	01	8:00	2:30	390	2340	10	.002
34	Janitor 7th back	07	8:00	3:00	420	2520	10	.001
35	Mechanical room	10	11:00	2:30	210	1260	18	.006

Project Monitors Signature: [Signature] Date 10/3



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Have-hill Public Schools Hub ID: 19938
 Contractor: Compass Restoration Date: 10/3
 Job Site: Whittier Middle School Calibration Method: Rotometer
 Rotometer #: F11
 Type of Sampling: during

Calibration:

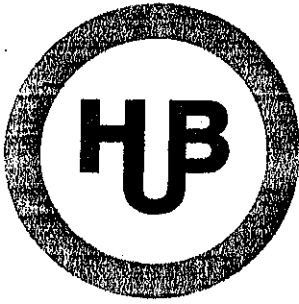
Pump Number	10	13	01	04					
Pre-Calibration	6	6	6	6					
Post-Calibration	6	6	6	6					
Average Flow	6	6	6	6					

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
0	0	1620	180.2	180.4	89.3 - 308.5

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
36	Mechanical Room	10	7:30	2:15	345	2040	32	.004
37	Front Lobby	13	7:30	2:15	345	2040	9	.002
38	Juniata 5th Grade ^{Back}	01	7:30	2:15	345	2040	12	.002
39	Juniata 4th Grade	04	7:30	2:15	345	2040	11	.002

Project Monitors Signature: [Signature] Date 10/3



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School Hub ID: 19938
 Date: 10/6
 Calibration Method: Rotometer
 Contractor: Compass restoration Rotometer #: R-11
 Job Site: Whittier middle school Type of Sampling: daily

Calibration:

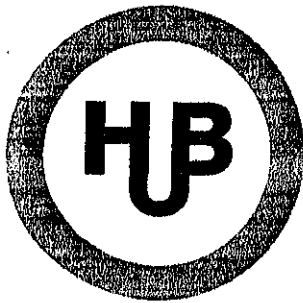
Pump Number	<u>IV-9</u>	<u>01</u>	<u>13</u>	<u>11</u>	<u>01</u>				
Pre-Calibration	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>				
Post-Calibration	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>				
Average Flow	<u>5</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>				

Quality Control:

Blank #1 Result	<u>0</u>	Blank #2 Result	<u>1</u>	Reference Slide ID	<u>165-1</u>	Result	<u>304</u>	Mean	<u>26%</u>	Range	<u>131-452</u>
-----------------	----------	-----------------	----------	--------------------	--------------	--------	------------	------	------------	-------	----------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
<u>40</u>	<u>Card Storage Office</u>	<u>IV-9</u>	<u>7:50</u>	<u>1:45</u>	<u>415</u>	<u>2490</u>	<u>18</u>	<u>.003</u>
<u>41</u>	<u>Janitor closet - Stage</u>	<u>01</u>	<u>7:50</u>	<u>11:45</u>	<u>295</u>	<u>1770</u>	<u>23</u>	<u>.006</u>
<u>42</u>	<u>Lobby</u>	<u>13</u>	<u>7:50</u>	<u>1:45</u>	<u>415</u>	<u>2490</u>	<u>7</u>	<u>.001</u>
<u>43</u>	<u>4th Grade wing</u>	<u>11</u>	<u>9:10</u>	<u>1:45</u>	<u>275</u>	<u>1650</u>	<u>13</u>	<u>.003</u>
<u>44</u>	<u>Janitor closet - Stage</u>	<u>01</u>	<u>12:10</u>	<u>2:50</u>	<u>160</u>	<u>960</u>	<u>9</u>	<u>.004</u>

Project Monitors Signature: [Signature] Date 10/6



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School Hub ID: 19938
 Contractor: Compass restoration Date: 10/4
 Job Site: Whittier middle school Calibration Method: rotometer
 Rotometer #: R-11
 Type of Sampling: during

Calibration:

Pump Number	IV-9	01	13	11					
Pre-Calibration	6	6	6	6					
Post-Calibration	6	6	6	6					
Average Flow	6	6	6	6					

Quality Control:

Blank #1 Result	1	Blank #2 Result	6	Reference Slide ID	1622	Result	210.2	Mean	182.4	Range	87.3 305.2
-----------------	---	-----------------	---	--------------------	------	--------	-------	------	-------	-------	------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
45	Life Storage ^{all} stage	IV-9	8:10	2:30	380	2280	10	.002
46	Jen's closet stage	01	8:10	2:30	380	2280	11	.002
47	Lobby	13	8:10	12:45	275	1650	9.5	.002
48	4th Grade wing	11	8:10	2:30	380	2280	16.5	.003
49	Lobby	13	1:00	3:10	130	780	4	.002

Project Monitors Signature: [Signature] Date 10/4/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19938
 Contractor: Compass restoration Date: 10/8
 Job Site: Whittier middle school Calibration Method: Rotometer
 Rotometer #: 1-11
 Type of Sampling: dry

Calibration:

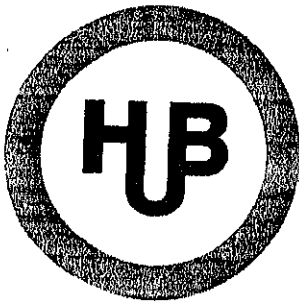
Pump Number	IV-9	01	13	11						
Pre-Calibration	6	6	6	6						
Post-Calibration	6	6	6	6						
Average Flow	6	6	6	6						

Quality Control:

Blank #1 Result	2	Blank #2 Result	0	Reference Slide ID	1622	Result	1480	Mean	182.4	Range	89.3-203.8
-----------------	---	-----------------	---	--------------------	------	--------	------	------	-------	-------	------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
50 51	Collection <u>apru</u>	IV-9	7:45	2:15	390	2340	18	.003
52	<u>Stage</u> <u>gender</u> <u>closet</u>	01	7:45	2:15	390	2340	4	.001
53	<u>Lobby</u>	13	7:45	2:15	390	2340	9.5	.001
	<u>At</u> <u>gender</u> <u>way</u>	11	7:25	2:15	390	2340	11	.002

Project Monitors Signature: [Signature] Date: 10/8



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Avonhill Public Schools Hub ID: 19938
 Contractor: Compass Restoration Date: 10/19
 Job Site: Whittier middle school Calibration Method: rotometer
 Rotometer #: R-11
 Type of Sampling: dry

Calibration:

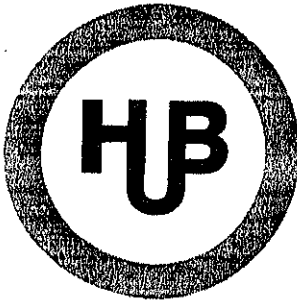
Pump Number	02	11	IV-9	01	13					
Pre-Calibration	6	6	6	6	6					
Post-Calibration	6	6	6	6	6					
Average Flow	6	6	6	6	6					

Quality Control:

Blank #1 Result	1	Blank #2 Result	0	Reference Slide ID	165.1	Result	2/8	Mean	267	Range	131-452
-----------------	---	-----------------	---	--------------------	-------	--------	-----	------	-----	-------	---------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
54	mechanical room	02	8:00	1:20	320	1920	29	.004
55	4th grade wing	11	8:05	1:20	315	1890	16	.004
56	Cafe Storage ^{all the}	IV-9	9:00	2:40	340	2040	12	.002
57	Stays closet	01	9:00	2:40	340	2040	18	.004
58	Lobby	13	9:00	2:40	340	2040	4	.001

Project Monitors Signature: [Signature] Date 10/19



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19938
Date: 10/10
Contractor: Compass restoration Calibration Method: Rotometer
Job Site: Whittier middle school Rotometer #: R-11
Type of Sampling: dry

Calibration:

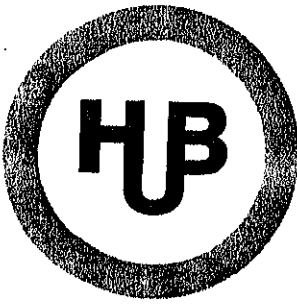
Pump Number	04	13							
Pre-Calibration	6	6							
Post-Calibration	6	6							
Average Flow	6	6							

Quality Control:

Blank #1 Result	1	Blank #2 Result	1	Reference Slide ID	1622	Result	162.8	Mean	182.4	Range	89.5 - 308.3
-----------------	---	-----------------	---	--------------------	------	--------	-------	------	-------	-------	--------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
59	Janitor 8th Back	04	7:00	2:30	450	2700	13	.002
60	lobby	13	7:00	1:00	360	2160	11	.002

Project Monitors Signature: M. N. Li Date 10/11



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School Hub ID: 19938
 Contractor: Compass restoration Date: 10/14
 Job Site: Whittier Pub Middle School Calibration Method: Rotometer
 Calibration: _____ Rotometer #: 12-1
 Type of Sampling: during

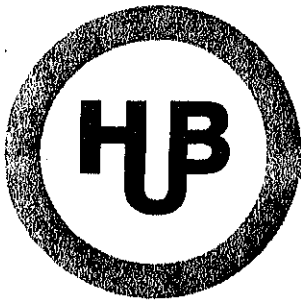
Pump Number	01	13	10						
Pre-Calibration	6	6	6						
Post-Calibration	6	6	6						
Average Flow	6	6	6						

Quality Control:

Blank #1 Result	1	Blank #2 Result	.5	Reference Slide ID	165-1	Result	314.2	Mean	264	Range	131-452
-----------------	---	-----------------	----	--------------------	-------	--------	-------	------	-----	-------	---------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
44	Jenitor closet 8th fl	01	7:45	2:10	385	2310	18	.003
45	Jenitor closet 8th fl	13	8:00	2:30	390	2340	20.5	.004
46	Lobby	10	8:00	2:30	390	2340	14	.002

Project Monitors Signature: *[Signature]* Date 10/14



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School Hub ID: 1993A
 Contractor: Compass restoration Date: 10/15
 Job Site: Whittier middle school Calibration Method: rotometer
 Rotometer #: R-11
 Type of Sampling: during

Calibration:

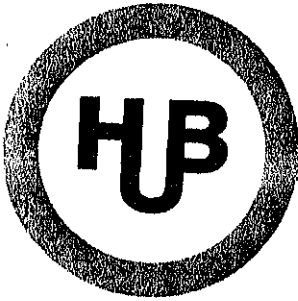
Pump Number	01	13							
Pre-Calibration	6	6							
Post-Calibration	6	6							
Average Flow	6	6							

Quality Control:

Blank #1 Result	0	Blank #2 Result	3	Reference Slide ID	11020	Result	218.4	Mean	182.4	Range	87.3 - 308.3
-----------------	---	-----------------	---	--------------------	-------	--------	-------	------	-------	-------	--------------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
44	Janitor 8th back	01	9:30	11:00	210	1260	10	.003
48	Janitor 8th front	13	9:30	11:00	210	1260	8	.003

Project Monitors Signature: [Signature] Date 10/15



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School

Hub ID: 19938

Date: 10/16

Contractor: ~~Letta~~ Compass Restoration

Calibration Method: Rotometer

Job Site: Whittier Middle School

Rotometer #: 12-11

Type of Sampling: dry

Calibration:

Pump Number	01	13	IV-9						
Pre-Calibration	6	6	6						
Post-Calibration	6	6	6						
Average Flow	6	6	6						

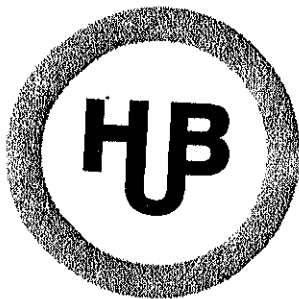
Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
1	0	165-1	224.2	264	131-482

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
92	Cafe	01	4:30	11:30	240	1440	4	.002
93	Stage near doors	13	4:30	11:30	240	1440	6.5	.002
94	Lobby	IV-9	4:30	11:15	225	1350	3.5	.001

Project Monitors Signature: [Signature] Date 10/16

ATTACHMENT B
DAILY MONITORING CHECKLIST



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Avonhill Public School
 Contractor: Compass Restoration
 Job Site: Whittier middle school
 Date: 9/24

Checklist

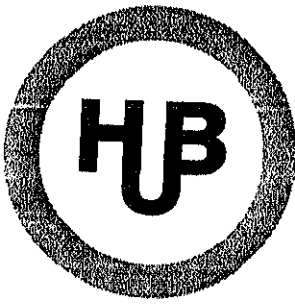
- | | | | | |
|-----|---|--------------------------------|-------------------------------------|--------------------------|
| 1. | Contractor's Personnel | # <u>3</u> | Adequate | Deficient |
| 2. | Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | Respiratory Protection Used: | Type <u>1/2 reg</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. | Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. | Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. | Unusual occurrences | <u>Containment being built</u> | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 0

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
 Contractor: Compass Restoration
 Job Site: Whittier Middle School
 Date: 9/15

Checklist

- | | | Adequate | Deficient |
|---|---------------------|-------------------------------------|---|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 neg</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> Received | <input type="checkbox"/> |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> Received | <input type="checkbox"/> |
| 13. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> Not Present |

14. Unusual occurrences Contaminant being built
Possible rainwater entry crawlspace

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 0

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
 Contractor: Compass restoration
 Job Site: Whittier middle
 Date: 9/29/08

Checklist

- | | | Adequate | Deficient |
|---|----------------------|-------------------------------------|---|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 type</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> Received | <input type="checkbox"/> |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> Received | <input type="checkbox"/> |
| 13. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> Not Present |
| 14. Unusual occurrences | | | |

Containment being built
Still adds from water

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 0

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

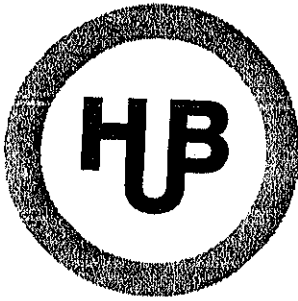
Report For: Haverhill Public School
 Contractor: Compass Restraints
 Job Site: Whittier Middle School
 Date: 9/29

Checklist

- | | | Adequate | Deficient |
|---|---|------------|--------------------|
| 1. Contractor's Personnel | # <u>3</u> | <u>X</u> | _____ |
| 2. Signs: | | <u>X</u> | _____ |
| 3. Barriers | | <u>X</u> | _____ |
| 4. Decontamination Facility Condition: | | <u>X</u> | _____ |
| 5. Housekeeping Inside and Outside: | | <u>X</u> | _____ |
| 6. Entry and Exit Procedures Followed: | | <u>X</u> | _____ |
| 7. HEPA Exhaust Operating: | | <u>X</u> | _____ |
| 8. Work Procedures Followed: | | <u>X</u> | _____ |
| 9. Respiratory Protection Used: | Type <u>1/2 neg</u> | <u>X</u> | _____ |
| 10. Differential Pressure: | | <u>X</u> | _____ |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | <u>Auddlest forming in containment</u> | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form
 Number of bags removed from site: 40
 Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public School
 Contractor: Compass Restoration
 Job Site: Whitman Middle School
 Date: 9/30

Checklist

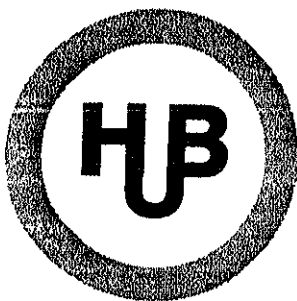
- | | | Adequate | Deficient |
|---|-------------------------------------|------------|--------------------|
| 1. Contractor's Personnel | # <u>14</u> | <u>X</u> | _____ |
| 2. Signs: | | <u>X</u> | _____ |
| 3. Barriers | | <u>X</u> | _____ |
| 4. Decontamination Facility Condition: | | <u>X</u> | _____ |
| 5. Housekeeping Inside and Outside: | | <u>X</u> | _____ |
| 6. Entry and Exit Procedures Followed: | | <u>X</u> | _____ |
| 7. HEPA Exhaust Operating: | | <u>X</u> | _____ |
| 8. Work Procedures Followed: | | <u>X</u> | _____ |
| 9. Respiratory Protection Used: | Type <u>1/2 ny</u> | <u>X</u> | _____ |
| 10. Differential Pressure: | | <u>X</u> | _____ |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | <u>Puddles still in containment</u> | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 104

Technician: mmz ul Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Newshill Public School
Contractor: Compass Restoration
Job Site: Whitier Middle School
Date: 10/1

Checklist

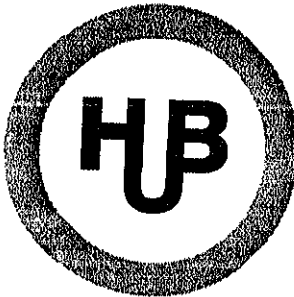
- | | | Adequate | Deficient |
|---|--|-------------------------------------|---|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 neq</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> Received | <input type="checkbox"/> |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> Received | <input type="checkbox"/> |
| 13. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> Not Present |
| 14. Unusual occurrences | <u>Puddles and more water in containment</u> | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 60

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public School
 Contractor: Compass Restoration
 Job Site: Whittier Middle School
 Date: 10/2

Checklist

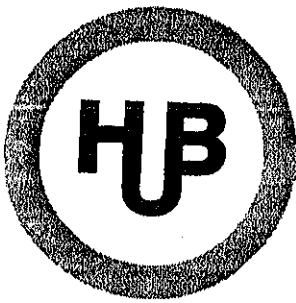
- | | | Adequate | Deficient |
|---|-------------------------------------|------------|--------------------|
| 1. Contractor's Personnel | # <u>3</u> | <u>X</u> | _____ |
| 2. Signs: | | <u>X</u> | _____ |
| 3. Barriers | | <u>X</u> | _____ |
| 4. Decontamination Facility Condition: | | <u>X</u> | _____ |
| 5. Housekeeping Inside and Outside: | | <u>X</u> | _____ |
| 6. Entry and Exit Procedures Followed: | | <u>X</u> | _____ |
| 7. HEPA Exhaust Operating: | | <u>X</u> | _____ |
| 8. Work Procedures Followed: | | <u>X</u> | _____ |
| 9. Respiratory Protection Used: | Type <u>1/2 reg</u> | <u>X</u> | _____ |
| 10. Differential Pressure: | | <u>X</u> | _____ |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | <u>Still Puddles in containment</u> | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 23

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
 Contractor: Compass restoration
 Job Site: Whittier middle school
 Date: 10/5

Checklist

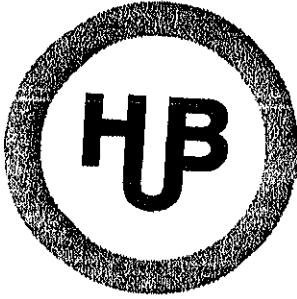
- | | | Adequate | Deficient |
|---|--------------------|-------------------------------------|--------------------------|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 ne</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 82

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
 Contractor: Compass Restoration
 Job Site: Wright Middle School
 Date: 10/6

Checklist

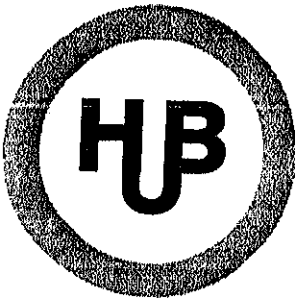
- | | | | |
|---|---|-------------------------------------|---|
| 1. Contractor's Personnel | | | |
| 2. Signs: | # <u>1/23</u> | Adequate | Deficient |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 neg</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> Not Present |
| 14. Unusual occurrences | <u>Water being removed and filtered</u> | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 31

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public School
 Contractor: Compass restoration
 Job Site: Whittier middle school
 Date: 10/4

Checklist

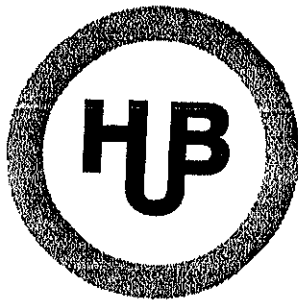
- | | | Adequate | Deficient |
|---|---------------------|-------------------------------------|---|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 neg</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> Not Present |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 19

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public School
 Contractor: Compass restoration
 Job Site: Whittier middle school
 Date: 10/8/08

Checklist

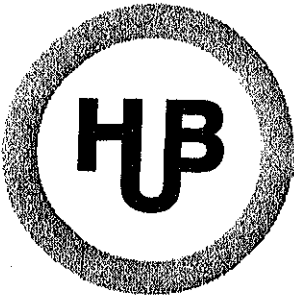
- | | | Adequate | Deficient |
|---|--------------------|-------------------------------------|--------------------------|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 mf</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 45

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: Compass restoration
Job Site: Whittier middle school
Date: 10/9

Checklist

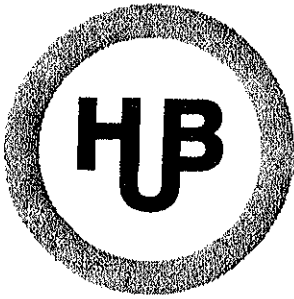
- | | | Adequate | Deficient |
|---|---------------------------|-------------------------------------|---|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 neg press</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Copy of Contractor's Daily Logs | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> Not Present |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 38

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: Compass Restoration
Job Site: Whittier Public Schools
Date: 10/10/08

Checklist

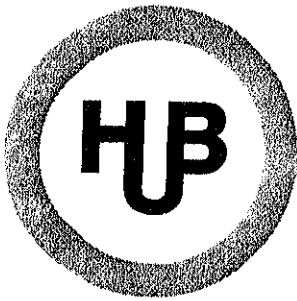
- | | | Adequate | Deficient |
|---|--------------------------|-------------------------------------|--------------------|
| 1. Contractor's Personnel | # <u>3</u> | <input checked="" type="checkbox"/> | _____ |
| 2. Signs: | | <input checked="" type="checkbox"/> | _____ |
| 3. Barriers | | <input checked="" type="checkbox"/> | _____ |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | _____ |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | _____ |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | _____ |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | _____ |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | _____ |
| 9. Respiratory Protection Used: | Type <u>1/2 reg pros</u> | <input checked="" type="checkbox"/> | _____ |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | _____ |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> Received | _____ |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> Received | _____ |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | | | _____ |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 3

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: Compass Restoration
Job Site: Whittier Middle School
Date: 10/14/08

Checklist

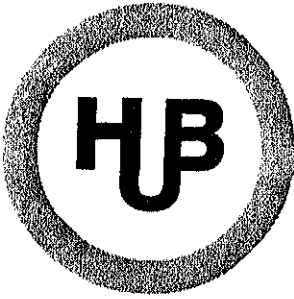
- | | | Adequate | Deficient |
|---|-------------------------|------------|--------------------|
| 1. Contractor's Personnel | # <u>2</u> | <u>X</u> | _____ |
| 2. Signs: | | <u>X</u> | _____ |
| 3. Barriers | | <u>X</u> | _____ |
| 4. Decontamination Facility Condition: | | <u>X</u> | _____ |
| 5. Housekeeping Inside and Outside: | | <u>X</u> | _____ |
| 6. Entry and Exit Procedures Followed: | | <u>X</u> | _____ |
| 7. HEPA Exhaust Operating: | | <u>X</u> | _____ |
| 8. Work Procedures Followed: | | <u>X</u> | _____ |
| 9. Respiratory Protection Used: | Type <u>1/2 neg res</u> | <u>X</u> | _____ |
| 10. Differential Pressure: | | <u>X</u> | _____ |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 114

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public School
Contractor: Compass restoration
Job Site: Whittier middle school
Date: 10/15/08

Checklist

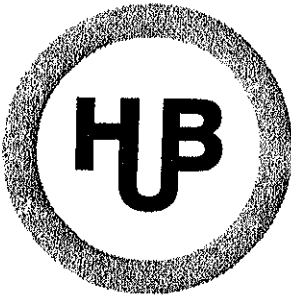
- | | | Adequate | Deficient |
|---|-------------------------|-------------------------------------|--------------------------|
| 1. Contractor's Personnel | # <u>2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | <u>Type/2 req. pres</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>no</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 16

Technician: [Signature] Log In: 7:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public School
Contractor: Compass restorative
Job Site: Whittier Middle School
Date: 10/16

Checklist

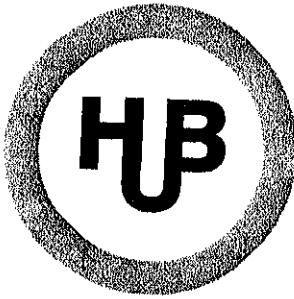
- | | | Adequate | Deficient |
|---|--------------------------|-------------------------------------|--------------------------|
| 1. Contractor's Personnel | # <u>2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | Type <u>1/2 neg pres</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> | Received |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> | Received |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 48 & drums

Technician: [Signature] Log In: 4:00 Log Out: 6:00



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: Compass restoration
Job Site: Whittier middle school
Date: 10/14

Checklist

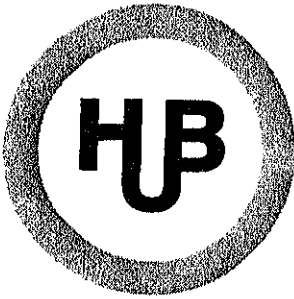
- | | | Adequate | Deficient |
|---|-----------------------|-------------------------------------|--------------------------|
| 1. Contractor's Personnel | # <u>2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Signs: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Barriers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Decontamination Facility Condition: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Housekeeping Inside and Outside: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Entry and Exit Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HEPA Exhaust Operating: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Respiratory Protection Used: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Differential Pressure: | Type <u>1/2 n3 pr</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Contractor's Air Sampling Reports | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Copy of Contractor's Daily Logs | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Signs of Heat Stress | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Unusual occurrences | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 0

Technician: [Signature] Log In: 4:00 Log Out: 4:00



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

DAILY INSPECTION FORM

Report For: Waverhill Public School
 Contractor: Compass Restoration
 Job Site: Whittier Middle School
 Date: 10/06/08

Checklist

- | | | Adequate | Deficient |
|---|-------------------------------------|---------------------|--------------------|
| 1. Contractor's Personnel | # <u>1</u> | _____ | _____ |
| 2. Signs: | | _____ | _____ |
| 3. Barriers | | _____ | _____ |
| 4. Decontamination Facility Condition: | | _____ | _____ |
| 5. Housekeeping Inside and Outside: | | _____ | _____ |
| 6. Entry and Exit Procedures Followed: | | _____ | _____ |
| 7. HEPA Exhaust Operating: | | _____ | _____ |
| 8. Work Procedures Followed: | | _____ | _____ |
| 9. Respiratory Protection Used: | Type <u>1/2 neg pressur</u> | _____ | _____ |
| 10. Differential Pressure: | | _____ | _____ |
| 11. Copy of Contractor's Air Sampling Reports | | <u>not</u> Received | _____ |
| 12. Copy of Contractor's Daily Logs | | <u>not</u> Received | _____ |
| 13. Signs of Heat Stress | | Present | <u>Not Present</u> |
| 14. Unusual occurrences | <u>Teardown / Equipment pick up</u> | | |

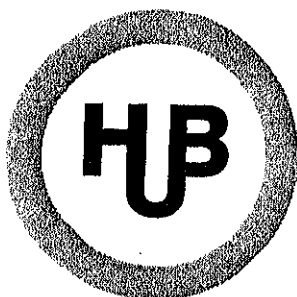
Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 8

Technician: [Signature] [Signature] Log In: 7:00 Log Out: 11:00

ATTACHMENT C
PRE-ABATEMENT INSPECTION



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Client: Newhill Public Schools
 Work Area I.D.: Crawlspace "B" Area Description: Crawlspace under Cafe/Office area

Demolition Required: no Estimated Days Required For Abatement: 10

Materials To Be Abated (Describe And Give Quantities): 5400 lb pipe insulation and
546000 sq inches

Critical Barriers In Place:

Windows N/A Doors N/A HVAC Vents N/A
 Electrical Switches N/A Electrical Outlets N/A
 Other hatch ✓

All Movable Equipment Removed From Containment Yes No
 All Non - Movable Equipment Wrapped (*) N/A N/A

Decontamination Facilities (*)

Three Chamber PDF With Hot/Cold Water ✓
 Two Chamber EDF With Water In Wash Area _____
 Other _____

Containment Type (indicate reasoning below)

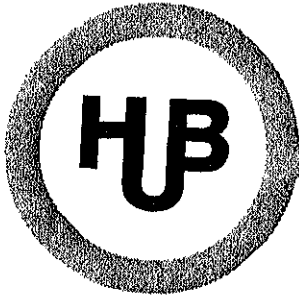
	Yes	No
Full Containment, 2 layers (6-mil poly) on all walls and floor	_____	_____
Same as above with additional poly on ceiling	_____	_____
2 layers on wall, no poly on floor	_____	_____
Single layer of poly on walls and floors	_____	_____
Critical barriers only, no poly on walls or floors	_____	_____
Other	_____	_____

Describe (*): 2 layer semi-per barrier and one layer
on constructed wall

Surfactant Available Yes Or No
 Type Of Respiratory Protection To Be Used 1/2 ny hood
 Number Of Negative Air Machines In Operation 5
 Manometer Used and Pressure Reading 1012
 Containment Smoke Tested no

PM's Signature [Signature] Date 11/29/08

(*) Indicate On Sketch



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Client: Haverhill Public Schools
 Work Area I.D.: Crawlspace "A" Area Description: Crawlspace under 8th Grade wing
near back janitor closet

Demolition Required: no Estimated Days Required For Abatement: 2

Materials To Be Abated (Describe And Give Quantities): 150 ft pipe insulation on
600 in²

Critical Barriers In Place:

Windows N/A Doors N/A HVAC Vents N/A
 Electrical Switches N/A Electrical Outlets N/A
 Other _____

All Movable Equipment Removed From Containment Yes No
 All Non - Movable Equipment Wrapped (*) ✓

Decontamination Facilities (*)

Three Chamber PDF With Hot/Cold Water _____
 Two Chamber EDF With Water In Wash Area ✓
 Other no continuous with one chamber change room
and air-locked

Containment Type (indicate reasoning below)

Full Containment, 2 layers (6-mil poly) on all walls and floor Yes No
 Same as above with additional poly on ceiling _____
 2 layers on wall, no poly on floor ✓
 Single layer of poly on walls and floors _____
 Critical barriers only, no poly on walls or floors _____
 Other _____

Describe (*): plus semi-perm-barrier to stay in place

Surfactant Available

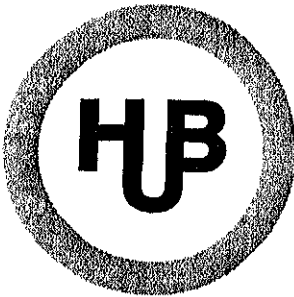
Yes Or No

Type Of Respiratory Protection To Be Used _____
 Number Of Negative Air Machines In Operation 1/2 neg pressure
 Manometer Used and Pressure Reading - .30"
 Containment Smoke Tested no

PM's Signature [Signature]

Date 10/8

(*) Indicate On Sketch



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Client: Haverhill Public School
 Work Area I.D.: Mastic removal Stage Area Description: Empty room off of canteen

Demolition Required: No Estimated Days Required For Abatement: 1

Materials To Be Abated (Describe And Give Quantities): floor tile 800 sq ft no mastic removed

Critical Barriers In Place:

Windows Doors HVAC Vents
 Electrical Switches Electrical Outlets
 Other _____

All Movable Equipment Removed From Containment Yes No
 All Non - Movable Equipment Wrapped (*)

Decontamination Facilities (*)
 Three Chamber PDF With Hot/Cold Water
 Two Chamber EDF With Water In Wash Area _____
 Other _____

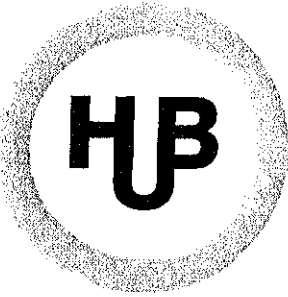
Containment Type (indicate reasoning below) Yes No
 Full Containment, 2 layers (6-mil poly) on all walls and floor _____
 Same as above with additional poly on ceiling _____
 2 layers on wall, no poly on floor
 Single layer of poly on walls and floors _____
 Critical barriers only, no poly on walls or floors _____
 Other _____

Describe (*): plus poly ceiling

Surfactant Available Yes Or No
 Type Of Respiratory Protection To Be Used Half mask
 Number Of Negative Air Machines In Operation 1
 Manometer Used and Pressure Reading -0.25"
 Containment Smoke Tested no

PM's Signature [Signature] Date 10/16/08
 (*) Indicate On Sketch

ATTACHMENT D
FINAL CLEARANCE FORMS



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)
FINAL CLEARANCE FORM

Report for: Haverhill School Dept
Contractor: Compass
Job Site: Whittier School crawlspace A
Date: October 8, 2008

VISIBLE DEBRIS NOTED ON:	YES	NO
1. FLOORS	X	
2. WALLS	X	
3. CEILING		X
4. PIPES	X	
5. ELBOWS/FITTINGS	X	
6. DUCTS	X	
7. HORIZONTAL SURFACES	X	
8. EQUIPMENT		X

LOCKDOWN ENCAPSULANT APPLIED No

SAMPLES COLLECTED USING AGGRESSIVE METHOD No samples collected

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT _____

DATE SAMPLING PUMPS CALIBRATION _____

FINAL AIR SAMPLE RESULTS _____

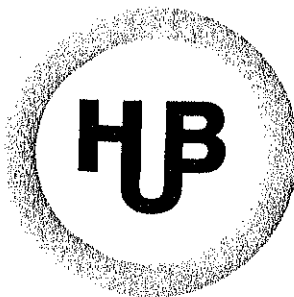
FINAL AIR SAMPLES - PASS _____

FINAL AIR SAMPLES - FAIL Failed visual inspection, contractor to re-clean

CONTRACTOR NOTIFIED _____

CIH'S SIGNATURE _____ DATE _____

PM'S SIGNATURE  DATE 10/8/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)
FINAL CLEARANCE FORM

Report for: Haverhill Public School

Contractor: Compass restoration

Job Site: Whittier middle school Area B

Date: 10/10

	YES	NO
1. FLOORS	_____	_____X
2. WALLS	_____	_____X
3. CEILING	_____	_____X
4. PIPES	_____	_____X
5. ELBOWS/FITTINGS	_____	_____X
6. DUCTS	_____	_____X
7. HORIZONTAL SURFACES	_____	_____X
8. EQUIPMENT	_____	_____X

LOCKDOWN ENCAPSULANT APPLIED Yes

SAMPLES COLLECTED USING AGGRESSIVE METHOD Yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT 1200L

DATE SAMPLING PUMPS CALIBRATION 10/10

FINAL AIR SAMPLE RESULTS Fail 61 - .0245 62 - .0728 63 - .0194

(Structure clear)

FINAL AIR SAMPLES PASS

FINAL AIR SAMPLES - FAIL

CONTRACTOR NOTIFIED on-site

CIH'S SIGNATURE _____ DATE _____

PM'S SIGNATURE [Signature] DATE 10/10



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19882
 Date: 10/10
 Calibration Method: Rotometer
 Contractor: Compass restoration Rotometer #: R-11
 Job Site: Whittier middle school Type of Sampling: Electron

Calibration:

Pump Number	29	IV-6	N-5	104	02	Hub 10	15	01	IV-9	11
Pre-Calibration	10	10	10	10	10	10	10	10	10	10
Post-Calibration	10	10	10	10	10	10	10	10	10	10
Average Flow	10	10	10	10	10	10	10	10	10	10

Quality Control:

Blank #1 Result	N/A	Blank #2 Result	N/A	Reference Slide ID	N/A	Result	N/A	Mean	N/A	Range	N/A
-----------------	-----	-----------------	-----	--------------------	-----	--------	-----	------	-----	-------	-----

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
61	Inside left back	29	1:30	3:30	120	1200		
62	↓ left front	IV-6	↓	↓	↓	↓		
63	↓ Deco	N-5	↓	↓	↓	↓		
64	↓ right back	104	↓	↓	↓	↓		
65	↓ right front	02	↓	↓	↓	↓		
66	Outside door	Hub 10	1:45	4:00	135	1350		
67	↓ deco	15	↓	↓	↓	↓		
68	↓ Sewer room	01	↓	↓	↓	↓		
69	↓ Stairs	IV-9	↓	↓	↓	↓		
70	↓ mechanical	11	↓	↓	↓	↓		

71 Inside Blank
 72 Project Monitors Signature: [Signature] Date 10/10
 73 Outside Blank
 73 Lab Blank



AMERISCI

AmeriSci Boston

8 SCHOOL STREET
WEYMOUTH, MA 02189
TEL: (781) 337-9334 • FAX: (781) 337-7642

October 15, 2008

HUB TESTING

Attn: Lynne Whitcraft
95 Beaver Street
Waltham, MA 02453

RE: HUB TESTING

Job Number 508101142
P.O. # 19882
19882; Whitier Crawlspace

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Tuesday, October 14, 2008, for a 24 hour turnaround:

61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73

The 13 air samples were sent to AmeriSci via Federal Express. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,



Bryan H. Clark
Asbestos Lab Director

Client Name: HUB TESTING

Table I
Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)
 19882; Whittier Crawlspace

AmeriSci Sample #	Client Sample #	Location	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)	Structure Concentration (struc/cc air)		Type of Asbestos	
							0.5-5.0	>=5.0		>=5.0	Total		
01	inside	Inside	1200	.066	0.0049	5.0	0.0	5.0	<15.1	75.7	<0.0049	0.0243	chrysotile
02	inside	Inside	1200	.066	0.0049	14.0	1.0	15.0	15.1	227.0	0.0049	0.0728	chrysotile
03	inside	Inside	1200	.066	0.0049	4.0	0.0	4.0	<15.1	60.5	<0.0049	0.0194	chrysotile
04	inside**	Inside	1200										
05	inside**	Inside	1200										
06	outside**	Outside	1350										
07	outside**	Outside	1350										
08	outside**	Outside	1350										
09	outside**	Outside	1350										
10	outside**	Outside	1350										
11	blank**	Inside Blank	0										
12	blank**	Outside Blank	0										
13	blank**	Lab Blank	0										

* concentration represented by the detection of 1 structure
 ** not analyzed

NSD: No Asbestos Structures Detected

Reviewed By: *[Signature]*; Analyzed By: *[Signature]* Date: 10/15/2008
 Mean Total Structure Density For Inside Samples: 72.6 structures/sq. mm.
 Sandhya Gunasekara

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0	
<u>Job #:</u> 508101142		<u>Filter Type / Filter Area:</u> MCE 385 mm ²	
<u>Lab Sample #:</u> 01		<u>Grid Opening Size:</u> 0.00944 mm ²	
<u>Client Sample #:</u> 61		<u>Area Examined:</u> 0.06608 mm ²	
<u>Received:</u> 10/14/08		<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 10/15/08		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u> H6			

Analysis Performed by: *SG*
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ m	Width μ m	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C5-5/3F	1	NSD								
C5-5/1G	2	1	2	.2	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
C5-5/1G	2	2	.6	.02	Chrysotile	Fiber	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
C5-5/6F	3	1	1.3	.02	Chrysotile	Matrix	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
C5-5/6F	3	2	1	.03	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
C5-5/6G	4	NSD							<input checked="" type="checkbox"/>	
D1-4/4A	5	NSD							<input checked="" type="checkbox"/>	
D1-4/4B	6	NSD							<input checked="" type="checkbox"/>	
D1-4/6A	7	1	.7	.02	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 5	75.7	0.0243	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures >=5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 5	75.7	0.0243	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area
analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0
<u>Job #:</u> 508101142		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 62		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/14/08	17:15:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/15/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: *KGa*

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
D2-3/1B	1	1	2.7	.1	Chrysotile	Matrix	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D2-3/1B	1	2	.8	.05	Chrysotile	Fiber	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
D2-3/1C	2	NSD							<input checked="" type="checkbox"/>	
D2-4/6B	3	1	1.3	.06	Chrysotile	Bundle	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D2-4/6B	3	2	1	.03	Chrysotile	Matrix	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D2-4/6C	4	1	5.5	.02	Chrysotile	Matrix	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D2-4/6C	4	2	1	.06	Chrysotile	Bundle	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D3-5/1F	5	1	.7	.06	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
D3-5/1F	5	2	1.3	.02	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
D3-5/3E	6	1	1	.06	Chrysotile	Fiber	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D3-5/3E	6	2	.7	.05	Chrysotile	Bundle	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D3-5/3E	6	3	1.2	.04	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
D3-5/3E	6	4	2	.02	Chrysotile	Bundle	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D3-5/3E	6	5	.6	.02	Chrysotile	Fiber	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
D3-6/1F	7	1	1	.02	Chrysotile	Fiber	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D3-6/1F	7	2	1.5	.02	Chrysotile	Fiber	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 15	227.0	0.0728	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 1	15.1	0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 15	227.0	0.0728	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0
<u>Job #:</u> 508101142		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 63		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/14/08	17:15:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/15/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: NOI

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
D4-5/1H	1	NSD								
D4-5/4H	2	1	.6	.02	Chrysotile	Fiber	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D4-5/6G	3	NSD							<input checked="" type="checkbox"/>	
D4-4/4H	4	NSD							<input checked="" type="checkbox"/>	
D5-4/6E	5	1	.5	.02	Chrysotile	Fiber	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
D5-4/6F	6	1	1.5	.02	Chrysotile	Matrix	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
D5-4/4E	7	1	1	.02	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 4	60.5	0.0194	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 4	60.5	0.0194	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0049	<input checked="" type="checkbox"/> Particulate Even



CHAIN OF CUSTODY RECORD

AMERISCI BOSTON
 8 School Street
 Weymouth, MA 02189
 Toll Free (888) 724-5221
 Phone (781) 337-9334
 Fax (781) 337-7642

AMERISCI JOB #: **508101142**

www.amerisci.com

COMPANY: Hub Testing Lab		ADDRESS: 375 St 95 Beaver Street					P.O.#:				
PROJECT INFORMATION		ANALYSIS TYPE	TURNAROUND TIME (X):					AIR FILTER INFORMATION:			
JOB NAME: Whittier Crawsp...		TEM/AHERA	6-8 HR:	12 HR:	24 HR:	48 HR:	72 HR:	5 DAY:	OTHER:	MCE	X
JOB NUMBER: 19882		TEM/LEVEL II			X					PC	
JOB MANAGER:		TEM/BULK								25 mm	X
JOB DESCRIPTION:		TEM/DUST								37 mm	
		TEM/WATER								0.45 um	X
		PCM	RUSH							0.80 um	
		PLM	RUSH							TEMP:	
		OTHER:								OTHER:	

RESULTS TO: **fax 481 893 8330** RETURN SAMPLES YES NO

EMAIL TO: PHONE: **481 893 8330**

INVOICE TO: FAX: **481 893 4414**

COMMENTS: **Please fax asap** SITE FAX: PAGER/CELL:

SAMPLE ID	SAMPLE LOCATION	START TIME	STOP TIME	TOTAL TIME X	LITERS /MIN	TOTAL VOLUME	DATE COLLECTED
61	Inside					1200	10/10
62	↓					↓	↓
63	↓					↓	↓
64	↓					↓	↓
65	↓					↓	↓
66	Outside					1350	
67	↓					↓	↓
68	↓					↓	↓
69	↓					↓	↓
70	↓					↓	↓
71	inside Blank					---	
72	outside Blank					---	
73	Lab blank					---	
<p>Please Analyze Inside only</p>							

SAMPLED BY: **Ann Billi** DATE/TIME: **10/10/08 4:50** RECEIVED BY: DATE/TIME:

RELINQUISHED BY: DATE/TIME: RECEIVED IN LAB BY: **[Signature]** DATE/TIME: **10/14/08 17:15**

TRANSACTION REPORT

P.01/01

OCT.15.2008.WED 00:52 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
01	OCT.15	00:48PM	17818934414	0:00:37	3	OK	SG3 5311

Please Reply To:



AmeriSci Boston

8 SCHOOL ST.

WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To: Lynne Whitcraft
HUB TESTING

Fax #:

Email:

From: *Sandhya Gunasekaran*

AmeriSci Job #: 508101142

Subject: AHERA Protocol 24 hour Results

Client Project: 19882; Whitier Crawlspace

Date: Wednesday, October 15, 2008

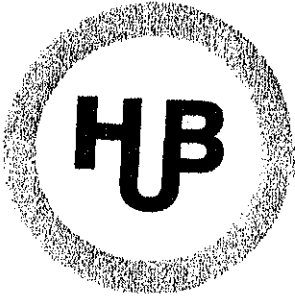
Time: 12:58:05

Comments:

Number of Pages: 03

(including cover sheet)

CONFIDENTIALITY NOTICE: Unless otherwise indicated, the information contained in this communication is confidential information intended for use of the individual named above. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the above address via the US Postal Service at our expense. Preliminary data reported here will be verified before final report is issued. Samples are disposed of in 60 days or unless otherwise instructed by the protocol or special instructions in writing. Thank you.



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

FINAL CLEARANCE FORM

Report for: Waverhill Public School
 Contractor: Compass restoration
 Job Site: Whittier Middle School Area A
 Date: 10/15/08

VISIBLE DEBRIS NOTED ON:

	YES	NO
1. FLOORS	_____	<u>X</u>
2. WALLS	_____	<u>X</u>
3. CEILING	_____	<u>X</u>
4. PIPES	_____	<u>X</u>
5. ELBOWS/FITTINGS	_____	<u>X</u>
6. DUCTS	_____	<u>X</u>
7. HORIZONTAL SURFACES	_____	<u>X</u>
8. EQUIPMENT	_____	<u>X</u>

LOCKDOWN ENCAPSULANT APPLIED yes

SAMPLES COLLECTED USING AGGRESSIVE METHOD yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT 1200L

DATE SAMPLING PUMPS CALIBRATION 10/15/08

FINAL AIR SAMPLE RESULTS ✓ PASS
 79 - .0046 80 - .0092
 81 - .0046 82 - < .0046

FINAL AIR SAMPLES PASS
 FINAL AIR SAMPLES - FAIL _____

CONTRACTOR NOTIFIED on site

CIH'S SIGNATURE _____ DATE _____

PIH'S SIGNATURE [Signature] DATE 10/15/08

← Street / CC 910



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: ~~KBA~~ Haverhill Public Schools Hub ID: 19887
 205 Portland Street Date: 10/15/08
 Boston, MA ~~02114~~ Compass Restoration Calibration Method: Rotometer # 11
 Contractor: ~~Eagle Environmental Contractors Inc~~ Whittier Middle School
 Project Site: Haverhill HS, ADA and Guidance Renovation Project Type of Sampling: Clearance
 Containment ID: Crow'space 8th Grd wing

Calibration:

Pump Number	A	B	C	D	E	IV-9	11	01	Hub 6	2
Pre-Calibration	8.4	8.4	8.4	8.4	8.4	10	10	10	10	10
Post-Calibration	8.4	8.4	8.4	8.4	8.4	10	10	10	10	10
Average Flow	8.4	8.4	8.4	8.4	8.4	10	10	10	10	10

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
<u>8.4</u>					

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
79	inside	A	11:00	1:30	150	1200		
80	inside	B	11:00	↓	↓	↓		
81	inside	C	11:00	↓	↓	↓		
82	inside	D	11:00	↓	↓	↓		
83	inside	E	11:00	↓	↓	↓		
84	outside	IV-9	11:30	1:30	120	1200		
85	outside	11	11:30	↓	↓	↓		
86	outside	01	11:30	↓	↓	↓		
87	outside	Hub 6	11:30	↓	↓	↓		
88	outside	2	11:30	↓	↓	↓		

89 inside blank
 90 Project Monitors Signature: [Signature] Date 10/15/08
 91 outside blank
 92 lab blank

Reverell Whittier



AmeriSci Boston

8 SCHOOL STREET
WEYMOUTH, MA 02189
TEL: (781) 337-9334 • FAX: (781) 337-7642

October 16, 2008

HUB TESTING

Attr: Lynne Whitcraft
95 Beaver Street
Waltham, MA 02453

RE: HUB TESTING

Job Number 508101185
P.O. # 19887
19887

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Wednesday, October 15, 2008, for a 24 hour turnaround:

79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91

The 13 air samples were sent to AmeriSci via Hand Delivery. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan H. Clark". The signature is written in a cursive, flowing style.

Bryan H. Clark
Asbestos Lab Director

Client Name: HUB TESTING


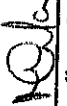
Table I
Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)

19887

AmeriSci Sample #	Client Sample #	Location	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)		Structure Concentration (struc/cc air)		Type of Asbestos
							0.5-5.0	>=5.0	>=5.0	Total	>=5.0	Total	
01 inside	79	Inside	1260	.066	0.0046	0.0	1.0	1.0	15.1	15.1	0.0046	0.0046	chrysotile
02 inside	80	Inside	1260	.066	0.0046	2.0	0.0	2.0	<15.1	30.3	<0.0046	0.0092	chrysotile
03 inside	81	Inside	1260	.066	0.0046	0.0	0.0	0.0	<15.1	<15.1	<0.0046	<0.0046	NSD
04 inside	82	Inside	1260	.066	0.0046	1.0	1.0	2.0	15.1	30.3	0.0046	0.0092	chrysotile
05 inside	83	Inside	1260	.066	0.0046	0.0	0.0	0.0	<15.1	<15.1	<0.0046	<0.0046	NSD
06 outside**	84	Outside	1200										
07 outside**	85	Outside	1200										
08 outside**	86	Outside	1200										
09 outside**	87	Outside	1200										
10 outside**	88	Outside	1200										
11 blank**	89	Inside Blank	0										
12 blank**	90	Outside Blank	0										
13 blank**	91	Lab Blank	0										

* concentration represented by the detection of 1 structure
 ** not analyzed

NSD: No Asbestos Structures Detected

Reviewed By:  ; Analyzed By: 

Mean Total Structure Density For Inside Samples: 15.1 structures/sq. mm.

Date: 10/16/2008

Sandhya Gunasekara

NVLAP#: 102079-0

TEM Asbestos (air) Count Sheet

sample area
analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0	
<u>Job #:</u> 508101185		<u>Filter Type / Filter Area:</u> MCE 385 mm ²	
<u>Lab Sample #:</u> 01		<u>Grid Opening Size:</u> 0.00944 mm ²	
<u>Client Sample #:</u> 79		<u>Area Examined:</u> 0.06608 mm ²	
<u>Received:</u> 10/15/08	16:00:00	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 10/16/08		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u> h6			

Analysis Performed by: NDG

Sandhya Gunasekara


Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A7-4/6C	1	NSD								
A7-4/6E	2	1	12.5	.2	Chrysotile	Matrix	"Mg, Si, Fe"	\	✓	
A7-4/6F	3	NSD							✓	
A7-4/6G	4	NSD							✓	
A8-5/4F	5	NSD							✓	
A8-5/6F	6	NSD							✓	
A8-5/1E	7	NSD							✓	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 1	15.1	0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures >=5 microns: 1	15.1	0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 1	15.1	0.0046	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0046	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed 

<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0
<u>Job #:</u> 508101185		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 80		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/15/08	16:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/16/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> h6		

Analysis Performed by: *Sandhya Gunasekara*
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A9-3/6G	1	1	4.8	.04	Chrysotile	Matrix	"Mg, Si, Fe"	\	<input checked="" type="checkbox"/>	
A9-3/6H	2	1	1.5	.03	Chrysotile	Matrix	"Mg, Si, Fe"	/	<input checked="" type="checkbox"/>	
A9-4/1F	3	NSD							<input type="checkbox"/>	
A9-4/1G	4	NSD							<input type="checkbox"/>	
A10-4/3B	5	NSD							<input type="checkbox"/>	
A10-4/3C	6	NSD							<input type="checkbox"/>	
A10-4/1C	7	NSD							<input type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 2	30.3	0.0092	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 2	30.3	0.0092	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0046	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0
<u>Job #:</u> 508101185		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 81		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/15/08	16:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/16/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> h6		

Analysis Performed by: *Sandhya*

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B6-5/6G	1	NSD								
B6-5/6H	2	NSD								
B6-5/4G	3	NSD								
B6-5/4H	4	NSD								
B7-3/3H	5	NSD								
B7-3/3K	6	NSD								
B7-4/6H	7	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0046	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0
<u>Job #:</u> 508101185		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 04		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 82		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/15/08	16:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/16/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> h6		

Analysis Performed by: NQla
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B8-5/1E	1	NSD								
B8-5/1F	2	NSD								
B8-5/1G	3	NSD								
B8-5/1H	4	1	6	.04	Chrysotile	Matrix	"Mg, Si, Fe"	\		
B8-5/1H	4	2	1.2	.1	Chrysotile	Bundle	"Mg, Si, Fe"	/		
B9-5/3E	5	NSD								
B9-5/3F	6	NSD								
B9-5/4E	7	NSD								

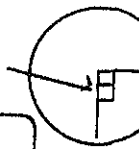
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 2	30.3	0.0092	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 1	15.1	0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 2	30.3	0.0092	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0046	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0
<u>Job #:</u> 508101185		<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 05		<u>Grid Opening Size:</u> 0.00944 mm2
<u>Client Sample #:</u> 83		<u>Area Examined:</u> 0.06608 mm2
<u>Received:</u> 10/15/08	16:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/16/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> h6		

Analysis Performed by: Nola
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B10-4/6B	1	NSD								
B10-4/6C	2	NSD								
B10-4/6E	3	NSD								
B10-4/6F	4	NSD								
B10-4/4C	5	NSD								
B10-4/4E	6	NSD								
B10-4/4F	7	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0046	<input checked="" type="checkbox"/> Particulate Even



CHAIN OF CUSTODY RECORD

AMERISCI BOSTON
 8 School Street
 Weymouth, MA 02189
 Toll Free (888) 724-5221
 Phone (781) 337-9334
 Fax (781) 337-7642

AMERISCI JOB #: 508101185

www.amerisci.com

COMPANY: Hub Testing Lab		ADDRESS: 95 Beaver Street Waltham					P.O.#:				
PROJECT INFORMATION		ANALYSIS TYPE	TURNAROUND TIME (X)					AIR FILTER INFORMATION:			
JOB NAME: 19884		TEM/AHERA	6-8 HR	12 HR	24 HR	48 HR	72 HR	5 DAY	OTHER	MCE	<input checked="" type="checkbox"/>
JOB NUMBER: 19884		TEM/LEVEL II			<input checked="" type="checkbox"/>					PC	<input checked="" type="checkbox"/>
JOB MANAGER:		TEM/BULK								25 mm	<input checked="" type="checkbox"/>
		TEM/DUST								37 mm	<input checked="" type="checkbox"/>
		TEM/WATER								0.45 um	<input checked="" type="checkbox"/>
		PCM	RUSH							0.80 um	
JOB DESCRIPTION:		PLM	RUSH							TEMP:	
		OTHER:								OTHER:	

RESULTS TO: **Fax: 781 893 4414** RETURN SAMPLES Yes No

EMAIL TO:

PHONE: **781 893 8330**

INVOICE TO:

FAX: **781 893 4414**

COMMENTS: **Please Fax results** SITE FAX:

PAGER/CELL:

SAMPLE ID	SAMPLE LOCATION	START TIME	STOP TIME	TOTAL TIME X	LITERS /MIN.	TOTAL VOLUME	DATE COLLECTED
49	Inside					1260	10/15
80	↓					↓	↓
81	Outside					1200	↓
82	↓					↓	↓
83						↓	↓
84						↓	↓
85						↓	↓
86						↓	↓
87						↓	↓
88						↓	↓
89	inside blank					---	↓
90	outside blank					---	↓
91	Lab blank					---	↓

Analyze Inside only

SAMPLED BY: <i>[Signature]</i>	DATE/TIME: 10/10 3:00	RECEIVED BY:	DATE/TIME:
RELINQUISHED BY:	DATE/TIME:	RECEIVED IN LAB BY: <i>[Signature]</i>	DATE/TIME: 10/15/08 1600

TRANSACTION REPORT

P.01/01

OCT.16.2008.THU 00:03 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
01	OCT.16	11:59AM	17818934414	0:00:36	3	OK	SG3 5376

Please Reply To:



AmeriSci Boston

8 SCHOOL ST.

WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To: Lynne Whitcraft
HUB TESTING
Fax #: (781) 893-4414

From: *Sandhya Ganasekaran*
AmeriSci Job #: 508101185
Subject: AHERA Protocol 24 hour Results
Client Project: 19887

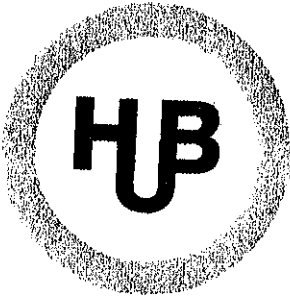
Email:

Date: Thursday, October 16, 2008
Time: 12:07:49

Number of Pages: 03
(including cover sheet)

Comments:

CONFIDENTIALITY NOTICE: Unless otherwise indicated, the information contained in this communication is confidential information intended for use of the individual named above. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the above address via the US Postal Service at our expense. Preliminary data reported here will be verified before final report is issued. Samples are disposed of in 60 days or unless otherwise instructed by the protocol or special instructions in writing. Thank you.



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

FINAL CLEARANCE FORM

Report for: Howhill Public School
Contractor: Compass Restoration
Job Site: Whittier middle school-office
Date: 10/16/08

VISIBLE DEBRIS NOTED ON:

	YES	NO
1. FLOORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CEILING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. PIPES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. ELBOWS/FITTINGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DUCTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. HORIZONTAL SURFACES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. EQUIPMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LOCKDOWN ENCAPSULANT APPLIED yes

SAMPLES COLLECTED USING AGGRESSIVE METHOD yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT 1000L

DATE SAMPLING PUMPS CALIBRATION 10/16/08

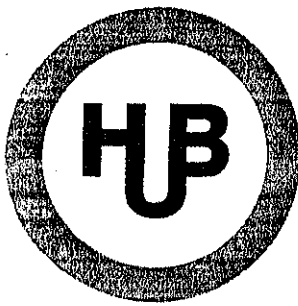
FINAL AIR SAMPLE RESULTS yes pass
94 - < .0049 95 - < .0049 (Struct/cc air)
96 - < .0049 97 - < .0049
98 - < .0049

FINAL AIR SAMPLES PASS
FINAL AIR SAMPLES - FAIL

CONTRACTOR NOTIFIED on-site

CIH'S SIGNATURE _____ DATE _____

PIH'S SIGNATURE [Signature] DATE 10/16/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 19893
 Date: 10/16/08
 Contractor: Compass restoration Calibration Method: Rotometer
 Job Site: Witer MS. music room off cafe Rotometer #: R-11
 Type of Sampling: direct

Calibration:

Pump Number	QA	QB	QC	QD	QE	H3A	H3B	H3C	H3D	H3E
Pre-Calibration	8.4	8.4	8.4	8.4	8.4	8-	8-	8	8	8-
Post-Calibration	8.4	8.4	8.4	8.4	8.4	8	8	8	8	8
Average Flow	8.4	8.4	8.4	8.4	8.4	8	8	8	8	8

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range

Sample ID	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
94	Inside left ^{office}	QA	12:30	3:00	1200	1200		
95	Inside right ^(Kitchen)	QB	12:30					
96	Inside radiator	QC	12:30					
97	Inside chalkboard	QD	12:30					
98	Inside middle	QE	12:30					
99	Outside Stage	H-3A	12:50	3:20				
100	Outside Stage	H-3B						
101	Outside Stage	H-3C						
102	Outside Cafe	H-3D						
103	Outside Cafe	H-3E						

104 Inside Blank
 105 Outside Blank
 106 Project Monitors Signature: [Signature]
 107 108 Blank

Date 10/16/08

Haverhill Whittier

AMERISCI

AmeriSci Boston

8 SCHOOL STREET
WEYMOUTH, MA 02189
TEL: (781) 337-9334 • FAX: (781) 337-7642

October 17, 2008

HUB TESTING

Attn: Lynne Whitcraft
95 Beaver Street
Waltham, MA 02453

RE: HUB TESTING

Job Number 508101217
P.O. # 19893
19893

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Friday, October 17, 2008, for a 24 hour turnaround:

94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106

The 13 air samples were sent to AmeriSci via Drop-Box. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,


Bryan H. Clark
Asbestos Lab Director

Client Name: HUB TESTING

Table I
Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)
 19893

AmeriSci Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	* Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)			Structure Density (struc/sq. mm.)	Structure Concentration (struc/cc air)	Type of Asbestos
						0.5-5.0	>=5.0	Total			
01 inside	94	1200	.066	0.0049	0.0	0.0	0.0	<15.1	<15.1	<0.0049	NSD
02 inside	95	1200	.066	0.0049	0.0	0.0	0.0	<15.1	<15.1	<0.0049	NSD
03 inside	96	1200	.066	0.0049	0.0	0.0	0.0	<15.1	<15.1	<0.0049	NSD
04 inside	97	1200	.066	0.0049	0.0	0.0	0.0	<15.1	<15.1	<0.0049	NSD
05 inside	98	1200	.066	0.0049	0.0	0.0	0.0	<15.1	<15.1	<0.0049	NSD
06 outside**	99	1200									
07 outside**	100	1200									
08 outside**	101	1200									
09 outside**	102	1200									
10 outside**	103	1200									
11 blank**	104	0									
12 blank**	105	0									
13 blank**	106	0									

* concentration represented by the detection of 1 structure
 ** not analyzed

NSD: No Asbestos Structures Detected

[Signature]

Reviewed By:

; Analyzed By:

[Signature]

Date: 10/17/2008

Mean Total Structure Density For Inside Samples: 0 structures/sq. mm.

TEM Asbestos (air) Count Sheet

sample area
analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0
<u>Job #:</u> 508101217		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 01		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 94		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: *SG*
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μm	Width μm	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
E7-4/4E	1	NSD								
E7-4/4F	2	NSD								
E7-4/4G	3	NSD								
E7-4/4H	4	NSD								
E8-5/4B	5	NSD								
E8-5/4C	6	NSD								
E8-5/4E	7	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area
analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0
<u>Job #:</u> 508101217		<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.00944 mm2
<u>Client Sample #:</u> 95		<u>Area Examined:</u> 0.06608 mm2
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: *SG*
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
E9-5/4B	1	NSD							┌	
E9-5/4C	2	NSD							┌	
E9-5/4E	3	NSD							┌	
E9-5/4F	4	NSD							┌	
E10-4/6B	5	NSD							┌	
E10-4/6C	6	NSD							┌	
E10-4/6E	7	NSD							┌	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings:	7		
Chrysotile Asbestos Structures:	0	<0.0049	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	0	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures:	0	<0.0049	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0	
<u>Job #:</u> 508101217		<u>Filter Type / Filter Area:</u> MCE 385 mm ²	
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.00944 mm ²	
<u>Client Sample #:</u> 96		<u>Area Examined:</u> 0.06608 mm ²	
<u>Received:</u> 10/17/08 08:00:00		<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u> H6			

Analysis Performed by: *Sandhya*
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A1-4/4E	1	NSD							┌	
A1-4/4F	2	NSD							┌	
A1-4/4G	3	NSD							┌	
A1-4/4H	4	NSD							┌	
E2-5/4B	5	NSD							┌	
E2-5/4C	6	NSD							┌	
E2-5/4E	7	NSD							┌	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0	
<u>Job #:</u> 508101217		<u>Filter Type / Filter Area:</u> MCE 385 mm2	
<u>Lab Sample #:</u> 04		<u>Grid Opening Size:</u> 0.00944 mm2	
<u>Client Sample #:</u> 97		<u>Area Examined:</u> 0.06608 mm2	
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u> H6			

Analysis Performed by: *Sandhya*
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A3-3/6B	1	NSD								
A3-3/6C	2	NSD								
A3-3/6E	3	NSD								
A3-3/6F	4	NSD								
A4-4/6C	5	NSD								
A4-4/6E	6	NSD								
A4-4/6F	7	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 200.0	
<u>Job #:</u> 508101217		<u>Filter Type / Filter Area:</u> MCE 385 mm2	
<u>Lab Sample #:</u> 05		<u>Grid Opening Size:</u> 0.00944 mm2	
<u>Client Sample #:</u> 98		<u>Area Examined:</u> 0.06608 mm2	
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u> H6			

Analysis Performed by: Sandhya Gunasekara
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A5-4/1B	1	NSD							┌	
A5-4/1C	2	NSD							┌	
A5-4/1E	3	NSD							┌	
A5-4/1F	4	NSD							┌	
B1-4/6C	5	NSD							┌	
B1-4/6E	6	NSD							┌	
B1-4/6F	7	NSD							┌	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures >=5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0049	<input checked="" type="checkbox"/> Particulate Even

AMERISCI

CHAIN OF CUSTODY RECORD

AMERISCI BOSTON
8 School Street
Weymouth, MA 02189
Toll Free (888) 724-5221
Phone (781) 337-9334
Fax (781) 337-7642

AMERISCI JOB #: 508101217

www.amerisci.com

COMPANY: **Hub Testing Lab** ADDRESS: **95 Beaver Street Waltham** P.O.#:

PROJECT INFORMATION	ANALYSIS TYPE	TURNAROUND TIME (X)							AIR FILTER INFORMATION:	
		6-8 HR	12 HR	24 HR	48 HR	72 HR	5 DAY	OTHER		
JOB NAME:	TEM/AHERA			X					MCE	X
JOB NUMBER: 19893	TEM/LEVEL II								PC	
JOB MANAGER:	TEM/BULK								25 mm	X
JOB DESCRIPTION:	TEM/DUST								37 mm	
	TEM/WATER								0.45 um	X
	PCM	RUSH							0.80 um	
	PLM	RUSH							TEMP:	
	OTHER:								OTHER:	

RESULTS TO: **Fax 981 893 4414** RETURN SAMPLES YES NO

EMAIL TO:

INVOICE TO:

COMMENTS: **Please Fax results**

PHONE: **981 893 8330**

FAX: **981 893 4414**

SITE FAX:

PAGER/CELL:

SAMPLE ID	SAMPLE LOCATION	START TIME	STOP TIME	TOTAL TIME X	LITERS /MIN.	TOTAL VOLUME	DATE COLLECTED
94	Inside					1200	10/10
95							
96							
97							
98							
99	outside						
100							
101							
102	Inside blank						
103							
104							
105							
106	Lab blank						

Analyze Inside only

SAMPLED BY: *[Signature]* DATE/TIME: **10/16** RECEIVED BY: *[Signature]* DATE/TIME:

RELINQUISHED BY: DATE/TIME: RECEIVED IN LAB BY: *[Signature]* DATE/TIME: **10/17/08 0800**

TRANSACTION REPORT

P.01/01

OCT. 17. 2008. FRI 01:11 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
01	OCT. 17	01:11PM	17818934414	0:00:36	3	OK	SG3 5505

Please Reply To:



AmeriSci Boston

8 SCHOOL ST.

WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To: Lynne Whitcraft
HUB TESTING
Fax #: (781) 893-4414

From: *Sandhya Gunasekara*
AmeriSci Job #: 508101217
Subject: AHERA Protocol 24 hour Results
Client Project: 19893

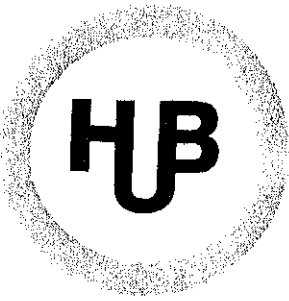
Email:

Date: Friday, October 17, 2008
Time: 13:17:25

Number of Pages: 03
(including cover sheet)

Comments:

CONFIDENTIALITY NOTICE: Unless otherwise indicated, the information contained in this communication is confidential information intended for use of the individual named above. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the above address via the US Postal Service at our expense. Preliminary data reported here will be verified before final report is issued. Samples are disposed of in 60 days or unless otherwise instructed by the protocol or special instructions in writing. Thank you.



HUB TESTING LABORATORY, INC.
Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

FINAL CLEARANCE FORM

Report for: Haverhill Public Schools
 Contractor: Compass restoration
 Job Site: Whittier middle school Area B
 Date: 10/16/08

VISIBLE DEBRIS NOTED ON:	YES	NO
1. FLOORS	_____	_____
2. WALLS	_____	_____
3. CEILING	_____	_____
4. PIPES	_____	_____
5. ELBOWS/FITTINGS	_____	_____
6. DUCTS	_____	_____
7. HORIZONTAL SURFACES	_____	_____
8. EQUIPMENT	_____	_____

LOCKDOWN ENCAPSULANT APPLIED yes
 SAMPLES COLLECTED USING AGGRESSIVE METHOD yes
 SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT 1200L

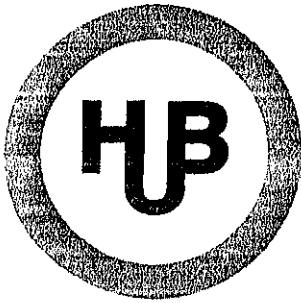
DATE SAMPLING PUMPS CALIBRATION 10/16/08
 FINAL AIR SAMPLE RESULTS pass 104 - <.0045 108 - <.0047
 109 - <.0046 110 - <.0046 111 - <.0046

FINAL AIR SAMPLES - PASS (circled)
 FINAL AIR SAMPLES - FAIL _____

CONTRACTOR NOTIFIED on-site

CIH'S SIGNATURE _____ DATE _____

PIH'S SIGNATURE [Signature] DATE 10/16/08



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
 (781) 893-8330 (781) 893-4414 (fax)

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public School Hub ID: 19894
 Contractor: Compass restoration Date: 10/16
 Job Site: Whittier middle school Calibration Method: Rotometer
 Rotometer #: R-11
 Type of Sampling: Clearance

Calibration:

Pump Number	Z-7	IV-6	N-5	104	02	01	13	Hub 10	IV-9	11
Pre-Calibration	10	10	10	10	10	10	10	10	10	10
Post-Calibration	10	10	10	10	10	10	10	10	10	10
Average Flow	10	10	10	10	10	10	10	10	10	10

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range

Sample ID.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
107	Inside left back	Z-7	1:09	3:19	130	1300		
108	Inside left front	IV-6	1:08	3:13	125	1250		
109	Inside door	N-5	1:05	3:11	126	1260		
110	Inside right back	104	1:04	3:14	124	1240		
111	Inside front right	02	1:10	3:14	124	1240		
112	Outside canopy	01	1:40	3:45	125	1250		
113	outside canopy	13	1:40	3:45	125	1250		
114	Outside window	Hub 10	1:45	3:45	120	1200		
115	Outside door	IV-9	1:48	3:50	122	1220		
116	Outside stage	110	1:52	3:52	120	1200		

114 Inside blank
 118 Project Monitor's Signature: [Signature] Date 10/16
 119 Lab blank

AMERISCI

AmeriSci Boston

8 SCHOOL STREET
WEYMOUTH, MA 02189
TEL: (781) 337-9334 • FAX: (781) 337-7642

October 17, 2008

HUB TESTING
Attn: Lynne Whitcraft
95 Beaver Street
Waltham, MA 02453

RE: HUB TESTING
Job Number 508101218
P.O. # 19894
19894

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Friday, October 17, 2008, for a 6-8 hour turnaround:

107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119

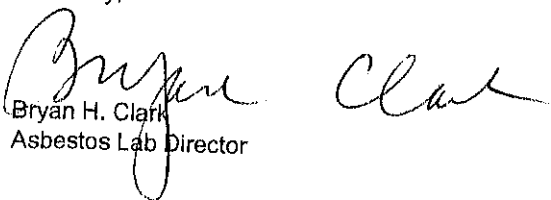
The 13 air samples were sent to AmeriSci via Drop-Box. These samples were prepared according to AHERA Protocol.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

AmeriSci appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,


Bryan H. Clark
Asbestos Lab Director

Client Name: HUB TESTING

Table I
Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)

19894

AmeriSci Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	* Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)	Structure Concentration (struc/cc air)	Type of Asbestos
						0.5-5.0	>=5.0			
01 inside	107		1300	.066	0.0045	0.0	0.0	<15.1	<0.0045	NSD
02 inside	108		1250	.066	0.0047	0.0	0.0	<15.1	<0.0047	NSD
03 inside	109		1260	.066	0.0046	0.0	0.0	<15.1	<0.0046	NSD
04 inside	110		1270	.066	0.0046	0.0	0.0	<15.1	<0.0046	NSD
05 inside	111		1270	.066	0.0046	0.0	0.0	<15.1	<0.0046	NSD
06 outside**	112		1250							
07 outside**	113		1250							
08 outside**	114		1200							
09 outside**	115		1220							
10 outside**	116		1200							
11 blank**	117		0							
12 blank**	118		0							
13 blank**	119		0							

concentration represented by the detection of 1 structure
 ** not analyzed

Mean Total Structure Density For Inside Samples: 0 structures/sq. mm.
 Reviewed By: [Signature]; Analyzed By: [Signature] Date: 10/17/2008

JVLAP#: 102079-0

Sandhya Gunasekara

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 300.0	
<u>Job #:</u> 508101218		<u>Filter Type / Filter Area:</u> MCE 385 mm2	
<u>Lab Sample #:</u> 01		<u>Grid Opening Size:</u> 0.00944 mm2	
<u>Client Sample #:</u> 107		<u>Area Examined:</u> 0.06608 mm2	
<u>Received:</u> 10/17/08 08:00:00		<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u> H6			

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B4-4/6C	1	NSD							┌	
B4-4/6E	2	NSD							┌	
B4-4/6F	3	NSD							┌	
B4-4/6G	4	NSD							┌	
B5-4/6C	5	NSD							┌	
B5-4/6E	6	NSD							┌	
B5-4/6F	7	NSD							┌	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0045	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0045	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures >=5 microns: 0	<15.1	<0.0045	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0045	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0045	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 250.0
<u>Job #:</u> 508101218		<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.00944 mm2
<u>Client Sample #:</u> 108		<u>Area Examined:</u> 0.06608 mm2
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: NSA
Sandhya Gunasekara


Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C1-4/4C	1	NSD							┌	
C1-4/4E	2	NSD							┌	
C1-4/4F	3	NSD							┌	
C1-4/4G	4	NSD							┌	
C2-4/3E	5	NSD							┌	
C2-4/3F	6	NSD							┌	
C2-4/3G	7	NSD							┌	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0047	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0047	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0047	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0047	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0047	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed 

<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0
<u>Job #:</u> 508101218		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 109		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: NOJ
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C3-4/4C	1	NSD							┌	
C3-4/4E	2	NSD							┌	
C3-4/4F	3	NSD							┌	
C3-4/4G	4	NSD							┌	
C4-3/1F	5	NSD							┌	
C4-3/1G	6	NSD							┌	
C4-3/1H	7	NSD							┌	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7	<15.1	<0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	15.1	0.0046	

TEM Asbestos (air) Count Sheet

sample area
analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 270.0
<u>Job #:</u> 508101218		<u>Filter Type / Filter Area:</u> MCE 385 mm2
<u>Lab Sample #:</u> 04		<u>Grid Opening Size:</u> 0.00944 mm2
<u>Client Sample #:</u> 110		<u>Area Examined:</u> 0.06608 mm2
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: *NGA*
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μM	Width μM	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C5-4/4C	1	NSD							┌ ├ ├ ├ ├ ├ ├	
C5-4/4E	2	NSD								
C5-4/4F	3	NSD								
C5-4/4G	4	NSD								
D1-4/6B	5	NSD								
D1-4/6C	6	NSD								
D1-4/6E	7	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings:	7		
Chrysotile Asbestos Structures:	0	<0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures:	0	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures >=5 microns:	0	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures:	0	<0.0046	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0046	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 270.0
<u>Job #:</u> 508101218		<u>Filter Type / Filter Area:</u> MCE 385 mm ²
<u>Lab Sample #:</u> 05		<u>Grid Opening Size:</u> 0.00944 mm ²
<u>Client Sample #:</u> 111		<u>Area Examined:</u> 0.06608 mm ²
<u>Received:</u> 10/17/08	08:00:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 10/17/08		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> H6		

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
D2-4/6C	1	NSD								
D2-4/6E	2	NSD								
D2-4/6F	3	NSD								
D2-4/6G	4	NSD								
D3-4/4B	5	NSD								
D3-4/4C	6	NSD								
D3-4/4E	7	NSD								

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<15.1	<0.0046	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 15.1		0.0046	<input checked="" type="checkbox"/> Particulate Even

AMERISCI

CHAIN OF CUSTODY RECORD

AMERISCI BOSTON
8 School Street
Weymouth, MA 02189
Toll Free (888) 724-5221
Phone (781) 337-9334
Fax (781) 337-7642

AMERISCI JOB #:

508101218

www.amerisci.com

COMPANY: Hub Testing Lab		ADDRESS: 95 Beaver Street Waltham						P.O.#:	
PROJECT INFORMATION		ANALYSIS TYPE		TURNAROUND TIME (X)				AIR FILTER INFORMATION:	
JOB NAME:	TEM/AHERA	6-8 HR	12 HR	24 HR	48 HR	72 HR	5 DAY	OTHER	MCE
JOB NUMBER: 19894	TEM/LEVEL II	<input checked="" type="checkbox"/>							PC
JOB MANAGER:	TEM/BULK								25 mm
JOB DESCRIPTION:	TEM/DUST								37 mm
	TEM/WATER								0.45 um
	PCM	RUSH							0.80 um
	PLM	RUSH							TEMP:
	OTHER:								OTHER:

RESULTS TO: Fax 781 893 4414

RETURN SAMPLES Yes No

EMAIL TO:

PHONE: 781 893 8330

INVOICE TO:

FAX: 781 893 4414

COMMENTS:

Please Fax results 781 893 4414

SITE FAX:

PAGER/CELL:

SAMPLE ID	SAMPLE LOCATION	START TIME	STOP TIME	TOTAL TIME X	LITERS /MIN.	TOTAL VOLUME	DATE COLLECTED	
107	Inside					1300	10/10	
108						1250		
109						1260		
110						1240		
111						1240		
112		outside						1250
113								1250
114								1200
115								1220
116		Inside Blank						1200
117						1200		
118						1200		
119	Outside Blank							
	Lab Blank							

Please analyze inside only

SAMPLED BY: <i>[Signature]</i>	DATE/TIME: 10/16	RECEIVED BY:	DATE/TIME:
RELINQUISHED BY:	DATE/TIME:	RECEIVED IN LAB BY: <i>[Signature]</i>	DATE/TIME: 10/17/05 0800

TRANSACTION REPORT

P.01/01

OCT.17.2008.FRI 11:57 AM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
01	OCT.17	11:57AM	17818934414	0:00:38	3	OK	SG3 5501

Please Reply To:



AmeriSci Boston

8 SCHOOL ST.
WEYMOUTH, MA 02189
TEL: (781) 337-9334 • FAX: (781) 337-7642

FACSIMILE TELECOPY TRANSMISSION

To: Lynne Whitcraft
HUB TESTING
Fax #: (781) 893-4414

From: *Sandhya Gunasekara*
AmeriSci Job #: 508101218
Subject: AHERA Protocol 6-8 hour Results
Client Project: 19894

Email:

Date: Friday, October 17, 2008
Time: 12:05:39

Number of Pages: 03
(including cover sheet)

Comments:

CONFIDENTIALITY NOTICE: Unless otherwise indicated, the information contained in this communication is confidential information intended for use of the individual named above. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the above address via the US Postal Service at our expense. Preliminary data reported here will be verified before final report is issued. Samples are disposed of in 60 days or unless otherwise instructed by the protocol or special instructions in writing. Thank you.

ATTACHMENT E

LABORATORY DOCUMENTATION
PROJECT MONITORING DOCUMENTATION



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES

HUB TESTING LABORATORY, INC.
95 BEAVER STREET
WALTHAM MA 02154-

LICENSE: AA000013

EXPIRES: **Sunday, July 05, 2009**

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.08 THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY TO PROVIDE THE ASBESTOS ANALYTICAL SERVICES SPECIFICALLY LISTED BELOW:

CLASS C CERTIFICATE

CLASS B CERTIFICATE

A handwritten signature in cursive script, reading "Laura M. Marlin".

LAURA M. MARLIN, COMMISSIONER

Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Marlin, Commissioner

Asbestos Project Monitor



SUSAN BOYLE

Eff. Date 07/11/2008
Exp. Date 07/10/2009
AM 60770
Member of C O S
NW000771



WN - REN

Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Marlin, Commissioner

Asbestos Inspector



SUSAN BOYLE

Eff. Date 07/11/2008
Exp. Date 07/10/2009
AI 60116
Member of C O S
NW000146



WN - REN

Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Marlin, Commissioner

Asbestos Designer



SUSAN BOYLE

Eff. Date 07/11/2008
Exp. Date 07/10/2009
AD 60161
Member of C O S
NW000145



WN - REN

Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Marlin, Commissioner

Asbestos Management Planner



SUSAN BOYLE

Eff. Date 07/11/2008
Exp. Date 07/10/2009
AP 60147
Member of C O S
NW000147



WN - REN

**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887
(Phone) 978.658.5272

IEE

This is to certify that
Susan Boyle

IEE

*has completed the requisite training, and has passed
an examination for reaccreditation*

Asbestos Designer Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

June 16, 2008
Course Dates

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

June 16, 2008
Examination Date
08-3061-128-202989
Certificate Number

June 16, 2009
Expiration Date

Wentworth
Training Director



INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

16 Upton Drive, Wilmington, MA 01887
(Phone) 978.658.5272

IBE

This is to certify that
Susan Boyle

IBE

*has completed the requisite training, and has passed
an examination for reaccreditation*

Asbestos Project Monitor Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646


June 18, 2008
Course Dates

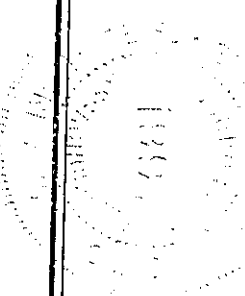
June 18, 2008
Examination Date

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

June 18, 2009
Expiration Date

08-3038-174-202989
Certificate Number


Training Director



Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Martin, Commissioner

Asbestos Project Monitor



MARK BIANCARDI

Eff. Date 05/13/08

Exp. Date 05/12/09

AM000118

Member of C.O.N.E.S.

BO

09



BOSTON-NEW



**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887

(Phone) 978.658.5272

IBEE

This is to certify that
Mark L Biancardi

IBEE

*has completed the requisite training, and has passed
an examination for accreditation*

Asbestos Project Monitor

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

October 29-November 2, 2007

Course Dates

Course Location

Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

November 02, 2007

Examination Date

07-2547-173-235349

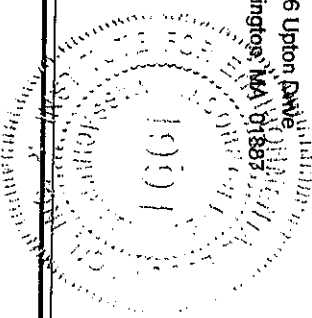
Certificate Number

November 02, 2008

Expiration Date

Wentworth

Training Director



ATTACHMENT F
CONTRACTOR DOCUMENTATION

Control No: 25081



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

COMPASS RESTORATION SERVICE SERVICES, LLC
16 PHEASANT RUN
BELCHERTOWN MA 01007

AC000695

Saturday, January 10, 2009

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY FOR THE PURPOSE OF ENTERING
INTO OR ENGAGING IN ASBESTOS WORK.

THIS LICENSE IS VALID FOR A PERIOD OF ONE (1) YEAR.

Laura M. Marlin, COMMISSIONER



Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. This form is only available for online filing of project date revisions.
2. Enter project decal number.
3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit date changes.

A. Facility Location

WHITTIER MIDDLE SCHOOL

1. Name of Facility

256 CONCORD STREET

2. Street Address

HAVERHILL

3. City

MA

4. State

5. Zip Code

978 3745782

6. Telephone Number

B. Project Cancelled

Check here if this project is/was cancelled.

C. Project Dates

9/15/2008

1. Original Start Date (mm/dd/yyyy)

10/1/2008

2. Original End Date (mm/dd/yyyy)

9/19/2008

3. Latest Revised Start Date (mm/dd/yyyy)

10/8/2008

4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

9/24/2008

1. Revised Start Date (mm/dd/yyyy)

10/22/2008

2. Revised End Date Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History

EDEP: 09/16/2008 04:07:58 PM



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

100077508
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

VICTOR RODRIGUES	Victor Rodrigues
1. Name	Authorized Signature
FIELD OP MNGR	09/19/2008
2. Position/Title	3. Date (mm/dd/yyyy)
COMPASS	4132651569
4. Representing	5. Telephone
16 PHEASANT RUN	
6. Address	
BELCHERTOWN	01007
7. City/Town	8. Zip Code

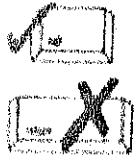


Asbestos Notification Form ANF-001

100077508

Decal Number

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? Yes No

b. Provide blanket decal number if applicable:

Blanket Decal Number

2. Facility Location:

WHITTIER MIDDLE SCHOOL

a. Name of Facility

HAVERHILL

c. City/Town

MA

d. State

256 CONCORD STREET

b. Street Address

01830

e. Zip Code

978 3745782

f. Telephone Number

3. Worksite Location:

CRAWLSPACE

a. Building Name/Building Location

b. Building #

c. Wing

1

d. Floor

OFFICE

e. Room

4. Is the facility occupied? Yes No

5. Asbestos Contractor:

COMPASS RESTORATION SVS LLC

a. Name

BELCHERTOWN

c. City/Town

01007

d. Zip Code

AC000695

f. DOS License Number

JEFF DILL

h. Facility Contact Person

VICTOR L RODRIGUES

a. Name of On-Site Supervisor/Foreman

6. **SUSAN BOYLE**

a. Name of Project Monitor

7. **HUB TESTING**

a. Name of Asbestos Analytical Lab

8. **9/15/2008**

a. Project Start Date (mm/dd/yyyy)

9. **7AM-7PM**

a. Work hours Mon-Fri.

b. Work hours Sat-Sun.

10. a. What type of project is this?

- Demolition
- Renovation
- Repair
- Other, please specify:

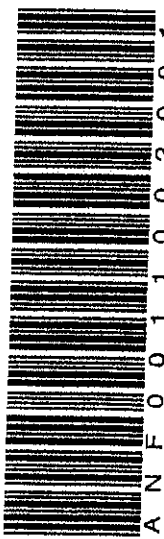
b. Describe

11. a. Check abatement procedures:

- Glove bag
- Encapsulation
- Enclosure
- Disposal only
- Cleanup
- Other, specify:
- Full containment

b. Describe

12. Is the job being conducted: Indoors? Outdoors?





Asbestos Notification Form ANF-001

100077508

Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

2650	3600		
a. Total pipes or ducts (linear ft)	b. Total other surfaces (square ft)		
c. Boiler, breaching, duct, tank surface coatings	Lin. ft.	Sq. ft.	d. Insulating cement
e. Corrugated or layered paper pipe insulation	Lin. ft.	Sq. ft.	f. Trowel/Sprayer coatings
g. Spray-on fireproofing	Lin. ft.	Sq. ft.	h. Transite board, wall board
i. Cloths, woven fabrics	Lin. ft.	Sq. ft.	j. Other, please specify:
k. Thermal, solid core pipe insulation	2650	3000	VAT
	Lin. ft.	Sq. ft.	l. Specify

14. Describe the decontamination system(s) to be used:

CONTIGUOUS 3 CHAMBER DECON WHENEVER FEASIBLE OTHERWISE REMOTE

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

6 MIL. POLYETHYLENE BAGS SEALED WITH DUCT TAPE

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official	b. Title
c. Date (mm/dd/yyyy) of Authorization	d. DEP Waiver #
e. Name of DOS Official	f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization	h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A-F apply to this project? Yes No

B. Facility Description

1. Current or prior use of facility: **SCHOOL**

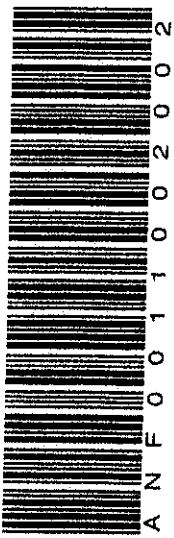
2. Is the facility owner-occupied residential with 4 units or less? Yes No

3. **CITY OF HAVERHILL**

a. Facility Owner Name	b. Address
HAVERHILL	4 SUMMER STREET9
c. City/Town	d. Zip Code
	01830
	e. Telephone Number (area code and extension)
	(978) 374-5725

4. **JEFF DILL**

a. Name of Facility Owner's On-Site Manager	b. On-Site Manager Address
HAVERHILL	4 SUMMER STREET
c. City/Town	d. Zip Code
	01830
	e. Telephone Number (area code and extension)
	(978) 374-5725





Asbestos Notification Form ANF-001

100077508

Decal Number

B. Facility Description (cont.)

5. **COMPASS RESTORATION SERVICES LLC.**
 a. Name of General Contractor
BELCHERTOWN **01007**
 c. City/Town d. Zip Code
ATLANTIC CHARTER INS CO
 f. Contractor's Worker's Comp. Insurer

16 PHEASANT RUN
 b. Address
(413) 265-1569
 e. Telephone Number (area code and extension)
WCV00808000 **12/4/2008**
 g. Policy Number h. Exp. Date (mm/dd/yyyy)
25000 **1**
 a. Square Feet b. Number of floors

6. What is the size of this facility?

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

a. Name of Transporter
 b. Address
 c. City/Town d. Zip Code
 e. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

RED TECHNOLOGIES
 a. Name of Transporter
BLOOMFIELD **06002**
 c. City/Town d. Zip Code
10 NORTHWOOD
 b. Address
8602182428
 e. Telephone Number

3. **NA**
 a. Refuse Transfer Station and Owner
 b. Address
 c. City/Town d. Zip Code
 e. Telephone Number

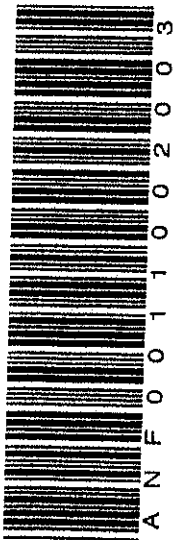
4. **MINERVA ENTERPRISES INC**
 a. Final Disposal Site Location Name
9000 MINERVA ROAD
 c. Final Disposal Site Address
OH **44688**
 e. State f. Zip Code
MINERVA ENTERPRISES
 b. Final Disposal Site Location Owner's Name
WAYNESBURG
 d. City/Town
3308663435
 g. Telephone Number

D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

VICTOR RODRIGUES
 a. Name
FIELD OP MGR
 c. Position/Title
4132651569
 e. Telephone Number
16 PHEASANT RUN
 g. Address
BELCHERTOWN MA **01007**
 h. City/Town i. Zip Code

VICTOR RODRIGUES
 b. Authorized Signature
08/29/2008
 d. Date (mm/dd/yyyy)
COMPASS RESTORATIO
 f. Representing





Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

100077508
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

VICTOR RODRIGUES	Victor Rodrigues
1. Name	Authorized Signature
FIELD OP MNGR	09/16/2008
2. Position/Title	3. Date (mm/dd/yyyy)
COMPASS	4132651569
4. Representing	5. Telephone
16 PHEASANT RUN	
6. Address	
BELCHERTOWN	01007
7. City/Town	8. Zip Code



Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100077508
Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

2650

3600

a. Total pipes or ducts (linear ft)

b. Total other surfaces (square ft)

c. Boiler, breaching, duct, tank surface coatings

Lin. ft. Sq. ft.

d. Insulating cement

Lin. ft. Sq. ft.

e. Corrugated or layered paper pipe insulation

Lin. ft. Sq. ft.

f. Trowel/Sprayer coatings

Lin. ft. Sq. ft.

g. Spray-on fireproofing

Lin. ft. Sq. ft.

h. Transite board, wall board

Lin. ft. Sq. ft.

i. Cloths, woven fabrics

Lin. ft. Sq. ft.

j. Other, please specify:

Lin. ft. Sq. ft.

k. Thermal, solid core pipe insulation

2650
Lin. ft.

3000
Sq. ft.

VAT
I. Specify

14. Describe the decontamination system(s) to be used:

CONTIGUOUS 3 CHAMBER DECON WHENEVER FEASIBLE OTHERWISE REMOTE

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

6 MIL POLYETHYLENE BAGS SEALED WITH DUCT TAPE

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official

b. Title

c. Date (mm/dd/yyyy) of Authorization

d. DEP Waiver #

e. Name of DOS Official

f. DOS Official Title

g. Date (mm/dd/yyyy) of Authorization

h. DOS Waiver #

17. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A-F apply to this project? Yes No

B. Facility Description

1. Current or prior use of facility:

SCHOOL

2. Is the facility owner-occupied residential with 4 units or less? Yes No

3. CITY OF HAVERHILL

a. Facility Owner Name

4 SUMMER STREET9

HAVERHILL

b. Address

c. City/Town

01830

(978) 374-5725

d. Zip Code

e. Telephone Number (area code and extension)

4. JEFF DILL

a. Name of Facility Owner's On-Site Manager

4 SUMMER STREET

HAVERHILL

b. On-Site Manager Address

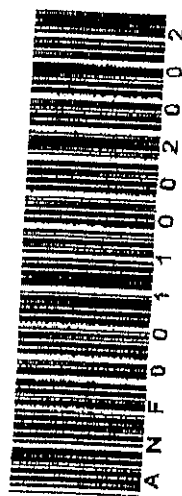
c. City/Town

01830

(978) 374-5725

d. Zip Code

e. Telephone Number (area code and extension)





Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Air Quality

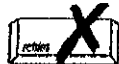
100076566
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. This form is only available for online filing of project date revisions.
2. Enter project decal number.
3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit data changes.

A. Facility Location

HAVERHILL STADIUM
1. Name of Facility

LINCOLN AVENUE
2. Street Address

HAVERHILL
3. City

MA
4. State

01830
6. Zip Code

603-893-1234
5. Telephone Number

B. Project Cancelled

Check here if this project is/was cancelled.

C. Project Dates

8/25/2008 1. Original Start Date (mm/dd/yyyy)	8/29/2008 2. Original End Date (mm/dd/yyyy)
8/25/2008 3. Latest Revised Start Date (mm/dd/yyyy)	8/29/2008 4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

8/25/2008 1. Revised Start Date (mm/dd/yyyy)	9/2/2008 2. Revised End Date (mm/dd/yyyy)
--	---

E. Other Project Revisions

[Empty box for other project revisions]

F. Revision History

[Empty box for revision history]



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

100076566

Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

VICTOR RODRIGUES	Victor Rodrigues
1. Name	Authorized Signature
FIELD OP MNGR	08/27/2008
2. Position/Title	3. Date (mm/dd/yyyy)
COMPASS	4132651569
4. Representing	5. Telephone
16 PHEASANT RUN	
6. Address	
BELCHERTOWN	01007
7. City/Town	8. Zip Code

Week

Daily Log

Date: 9-24-08

Job Name: Whittier Middle School
Site Supervisor: Jack Rodrigo
Safety Topic: Slip Trips & Falls

Job Number: _____
License Number: _____
Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	AS61983	8:00	15:45
Ken Humiston	<i>Ken Humiston</i>	AN074222	8:00	15:45
Mark Biscardi	<i>Mark Biscardi</i>	AM00018	8:00	15:45
Zoe Madaw	<i>Zoe Madaw</i>	AS073444	8:00	15:45

Describe days activities and events:

Inspect AREA - Unload Equipment + Supplies
 Pick up lumber + supplies load supplies to boiler
 Room - set up string lites - Get Spider
 Packs + Cords + (lites) Lights SET UP - Visual
 Work Area Watch ^(RAIN) OF pipes Leaking into Work
 Area - STANDING WATER IN PAVED AREA - Continue
 set up -
 off site.

Jack Rodrigo
 Supervisor's Signature

Daily Log

Date: 9-25-08

Job Name: Whittier Middle School

Job Number: _____

Site Supervisor: Jack Rodrigue

License Number: _____

Safety Topic: Slip Trip Falls

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigue	<i>Jack Rodrigue</i>	ASC1983	7:05	15:35
Ken Hummer	<i>Ken Hummer</i>	AW074222	7:05	15:35
Lulu Osborn	<i>Lulu Osborn</i>	AW073641	7:05	15:35
Mark Brown	<i>Mark Brown</i>	AW060118	7:05	15:35

Describe days activities and events:

* Unload supplies - set up wood for Poly
 BARRIERS - set up Negative Air - PPE for set
 up - Load Crawl with 2x4 to Frame Area - Rep All
 Day - Rain water is possibly leaching into work
 Area -
 off site

Jack Rodrigue
 Supervisor's Signature

Daily Log

Date: 9-26-08

Job Name: Whittier Middle School

Job Number: _____

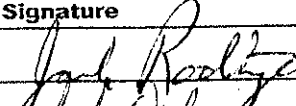

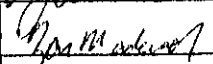
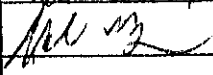
Site Supervisor: Jack Rodryg

License Number: _____

Safety Topic: Electrical Safety

Lunch: _____

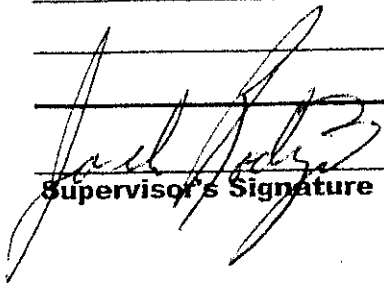
Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodryg		A-561983	7:15	15:55
Luke Osborne		HW073641	7:15	15:55
Zac Hudson		AS073144	7:15	15:55
Mark Muner		AM020148	7:15	15:55

Describe days activities and events:

A - Load Containment with 2x4 - Hang Poly on 2x4 structures - Dirt Floor has standing water puddles all over from ??? (maybe from rain)

Continue Prep All Day


Supervisor's Signature

Daily Log

Date: 7-29-08

Job Name: Whitaker Middle School

Job Number: _____

Site Supervisor: Zac Nadard

License Number: _____

Safety Topic: ladder safety

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Zac Nadard	Zac Nadard	AS073844	7:30am	15:35
Nathan Roz Kaszka	Nathan Roz Kaszka	AW074248	7:30am	15:35
Ken Humiston	Ken Humiston	AW074222	7:30	15:35
Matt Munt	Matt Munt	AW000158	4:00	4:00

Describe days activities and events:

Prep + Abatement

7:

7:30am - Finish (setup) set up - Dirt Floor Has Lots of Water from weekend RAIN???

10:15am - Start abatement clean Floor + Pipes As we go

Check Containment - OK - Very good Negative Air

Zac Nadard
Supervisor's Signature

Daily Log

Date: 9-30-08

Job Name: Whittier Middle School

Job Number: _____

Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electrical

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	AS61983	7:00	15:30
Zoe Noland	<i>Zoe Noland</i>	AS01344	7:00	15:30
Ken Humster	<i>Ken Humster</i>	AW74222	7:00	15:30
Mark Rozkuszka	<i>Mark Rozkuszka</i>	AW74248	7:00	15:30
Mark [unclear]	<i>Mark [unclear]</i>	AW01118	4:00	4:00

Describe days activities and events:

At Waste Load OUT - Check Containment - OK
 Continue Abatement - pull bags to the front area
 Continue Abatement - MANOMETER 3.2 - Very good
 Negative Pressure -

12:30 - Check Containment - OK MANO-
 METER 3.2

3:00 - Change New Air Filters - Waste
 Load OUT to the Trailer (Waste)

Jack Rodrigo
 Supervisor's Signature

wed

Daily Log

Date: 10-1-08

Job Name: Whiffles Middle School

Job Number: _____

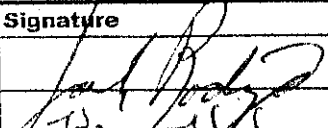
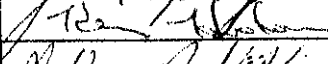
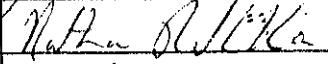

Site Supervisor: Jack Rodriguez

License Number: _____

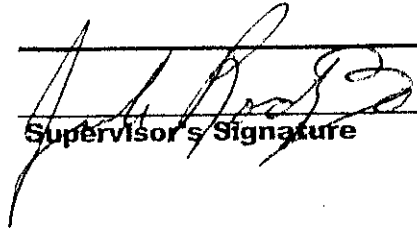
Safety Topic: Electric Safety

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodriguez		A561983	7:05	15:40
Ken Hymicha		A2074222	7:05	15:40
Nathan R. Lika		AW274248	7:05	15:40
Mark Dine		UNCLW 48	7:00	11:00

Describe days activities and events: Abate + clean Pipe + ground (Dirt)
 A Scrub pipe + Fittings - Check Containment Bag up
 O.K. - MANOMETER 3.0 - Scrape soil + bag 1"
 DIRT - Tape up All Bags - Bag out WASTE AT
 3:00 PM - To the waste Trailer - VISUAL CONTAIN-
 MENT AREA it is OK - Change Filters in Negative
 AIR Machines - MANOMETER AT (38) .38


 Supervisor's Signature

Daily Log

Date: 10-2-08

Job Name: Whifflea Middle School

Job Number: _____

Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electrical Safety

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	A361983	7:00	15:40
Ken Hunsicker	<i>Ken Hunsicker</i>	AW074222	7:00	15:40
Nathan Rozuselle	<i>Nathan Rozuselle</i>	AW074248	7:00	15:40
Mark [unclear]	<i>Mark [unclear]</i>	AW000018	9:00	9:00

Describe days activities and events: - Pump water - Scrape Soil
 - WATER IN boiler AREA leaking from ground
 WATER - Vac up AREA - DRAIN WATER - Vac + Bay
 WATER in Containment - To hopefully stop some of
 the water - Approx 118 gallons of ground water - Hub
 Aware - Victor Called + Notified - 3 men - 3 hours each
 9 hrs - Check Containment OK MANOMETER AT 3.6

Jack Rodrigo
 Supervisor's Signature

Daily Log

Date: 10-3-08

Job Name: Whittier Middle School

Job Number: _____

Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electrical

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	AS61983	7:00	15:30
Ken Hummer	<i>Ken Hummer</i>	AW074222	7:00	15:30
Zac Nadland	<i>Zac Nadland</i>	AS073844	7:00	15:30
Mark M... ..	<i>Mark M...</i>	AM000112	7:00	4:00

Describe days activities and events: Unload Wood - Frame Area "A"

* Unload Tools + Supplies - Frame Area "A" - Suit up With Respirators - Build Semi-permanent Wall 2x4 Studs -

Jack Rodrigo
Supervisor's Signature

Daily Log

Date: 10-6-08

Job Name: Whittier Middle School
 Site Supervisor: Jack Rodrigo
 Safety Topic: Electric

Job Number: _____
 License Number: _____
 Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	AS61983	7 ⁰⁰	16 ⁰⁰
Ken Humiston	<i>Ken Humiston</i>	1A-0074222	7 ⁰⁰	16 ⁰⁰
Nate Rockwell			7 ⁰⁰	16 ⁰⁰
Mark Vincent	<i>M</i>	A-0000118	7 ⁰⁰	16 ⁰⁰

Describe days activities and events: ** Pipe Repair + Pump out Water*
Repair Pipe - 10 FT 1" Copper - (4) 1" Temporary
Fittings - 2-3/4" Temporary Fittings - Road soil
into bags - Check Containment - Everything OK -
manometer AT 3.2 - Change Filters and Hepa
Units - Bag out waste

Jack Rodrigo
 Supervisor's Signature

Tuesday

Daily Log

Date: 10-7-08

Job Name: Whittier Middle School

Job Number: _____

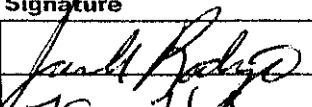
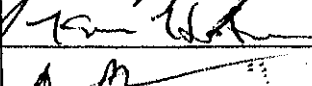
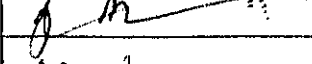

Site Supervisor: Jack Reddy

License Number: _____

Safety Topic: Electrical

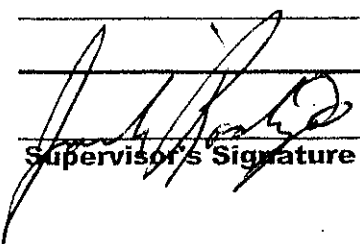
Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Reddy		A567983	7:00	16:00
Ron Hurlston		A0671222	7:00	14:00
Zac Woodard		A8073844	7:00	16:00
Mark [unclear]		A1100118	7:10	16:00

Describe days activities and events:

* Bag rear soil - Pump ^{BAG OUT} WATER -
 * Pick up All Debris in containment - Soil waste -
 VAC + pump OUT WATER - Check Containment - OK.
 Manometer At 3.0 - Change Hepa Filters for
 VISUAL INSPECTIONS Load OUT Equipment


 Supervisor's Signature

~~W. Kelley~~
W. Kelley

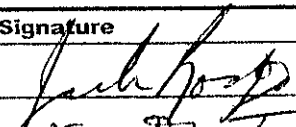
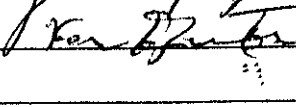

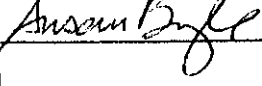
Daily Log

Date: 10-8-08

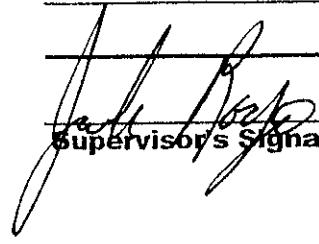
Job Name: Whitier Middle School
Site Supervisor: Jack Baliga
Safety Topic: ELECTRICAL

Job Number: _____
License Number: _____
Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Baliga		AS61983	7:00	15:45
Ken Humston			7:00	15:45
Luke Osborne			7:00	15:45
Mark Bm		AM00112	7:00	15:45
Susan Boyle			7:00	15:45

Describe days activities and events: Visual "B" Containment - Prep A -
Visual "B" Area - Containment OK MANOMETER
AT 1:30 - Told to reclean AREA MINOR debris
still on dirt floor - Reclean Rest of day


Supervisor's Signature

Thursday

Daily Log

Date: 10-9-08

Job Name: Whittier Middle School

Job Number: _____

Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electrical

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	AS04983	7:00	15:35
Ken Hunter	<i>Ken Hunter</i>	AW074222	7:00	15:35
Luke Osborn	<i>Luke Osborn</i>	AW073641	7:00	15:35

Describe days activities and events: ^{Tunnel "B"} Scrape Floor - Wipe pipe - bag out
 Check Containment - OK - Manometer at 3.6
 Continue to work on floor - Bag out waste
 Also visited with Hygiene Hub (Mark) Pre-visit
 OK - Check Contained Area - Manometer
 3.4 - All OK - Do Waste Load Out

Jack Rodrigo
 Supervisor's Signature

Friday

Daily Log

Date: 10-10-08

Job Name: White Middle Middle

Job Number: _____

Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electrical

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	A561983	7:00	15:30
Ken Hamilton	<i>Ken Hamilton</i>	1A007422	7:00	15:30
Eric Noland	<i>Eric Noland</i>	AS013844	7:00am	15:30

Describe days activities and events: Visual Contain "B" -
 Visual "B" Containment 3-I.H. from Hub + Visual
 OK - Lock down Area - encapsulation airless sprayer
 Finish Prep of "A" Area for Abatement -
 Visual of Area OK to start - Manometer
 3.0 OK to start Monday AM. -
 Run AIRS in Containment "B" -

Jack Rodrigo
 Supervisor's Signature

Tues

Daily Log

Date: 10-14-08

Job Name: Whittier Middle School

Job Number: _____

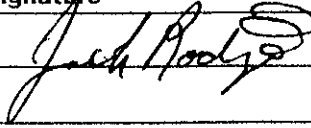
Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electrical

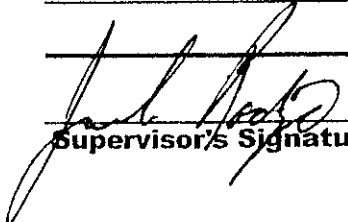
Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo		AS61983	7:00	15:30
Zac Nardaud			7:00	15:30

Describe days activities and events: * Abate 'A' Area

Containment OK. Manometer at 3.0 Abate
 All pipes in area - Final Clean All pipes - Begin
 To scope 1" of soil in area - Waste Load out
 AT END OF DAY


 Supervisor's Signature

Wed

Daily Log

Date: 10-15-08

Job Name: Whitice Middle School
Site Supervisor: Jack Rodrigo
Safety Topic: Electrical

Job Number: _____
License Number: _____
Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>Jack Rodrigo</i>	A561983	0700	1530
Zac Walden			0700	1530

Describe days activities and events: ~~A~~ "A" AREA - Prep Tile AREA
 Check Containment "A" Area - OK MANOMETER ^{5/2} 30-
 .30 Very good Neg Air - Continue to Scrape Floor
 - Build Hard barrier in Music RM - Contain tile
 AREA Visual AREA to Abate -
 WASTE AT END of day into trailer - Pre Visual
 "A" AREA RUN AIRS

Jack Rodrigo
 Supervisor's Signature

Thursday

Daily Log

Date: 10-16-08

Job Name: Whittier Middle School

Job Number:

Site Supervisor: Jack Redry

License Number:

Safety Topic: Electrical Safety

Lunch:

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Redry	<i>[Signature]</i>	AS61983	0700	1530
Zac Ireland	<i>[Signature]</i>	AS73844	0700	1530

Describe days activities and events: ~~Tile Area~~ Re-run "B" Aias
 Containment Tile Area OK. - MANOMETEE AT 32
 good flow Abate All Tile + Final Clean - VISUAL
 OK - RUN AIRS - Re-RUN AIRS "B" AREA
 Clean + Lock Down Area - VISUAL O.K. -
 To re-run Air Samples - Waste Load out
 to TRAILER

[Signature]
 Supervisor's Signature

Daily Log

Date: 10-17-08

Job Name: Whittier Middle School

Job Number: _____

Site Supervisor: Jack Rodrig

License Number: _____

Safety Topic: Electrical Safety

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrig	<i>Jack Rodrig</i>	A561983	7:00	15:30
Zac Wadswud	<i>Zac Wadswud</i>		7:00	15:30

Describe days activities and events: Teardown Tunnel A+B

Teardown Tunnel "A" Area - Load all supplies to trailer - All equipment need to be cleaned Draggd thru dirt floor -

Teardown Tunnel "B" - All power + Equipment thru-OUT AREA put All Equipment in boiler AREA - All need to be cleaned Draggd thru dirt floor - All waste Loaded into trailer - Wash down equipment Leave over weekend to dry - Need electric pig tail disconnected - Told Monday morning 6:30 by School Hub confirmed

Jack Rodrig
Supervisor's Signature

Daily Log

Date: 10-20-08

Job Name: Whittier Middle School

Job Number: _____

Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: _____

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrigo	<i>[Signature]</i>	A561983	7 -	11 -

Describe days activities and events:

7am Breakdown + Pick-up Equip
11 - LEAVE SITE

[Signature]
 Supervisor's Signature



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 10-17-08 - 03
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: 30 Min. EXC.:

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 10¹⁵ Time Off: 10⁴⁵ Total Time (minutes): 30 Respirator (1-3): 2

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nadoud</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Rodry Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whitice Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodger Sample ID#: 10-17-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JE 007 : 8-Hr. TWA: 30 Min. EXC.:

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0700 Time Off: 1530 Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Naclawel</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodger Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whitice Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Roddy Sample ID#: 10-16-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR002 8-Hr. TWA: 30 Min. EXC.:

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.66
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 920 Time Off: 950 Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Walden</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Roddy Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)
 Employee ID#: 8163 Sample ID#: 10-16-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XCYZZ-1
 SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year
 Sample Pump Serial Number: JR007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)
 ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
 Time On: 0700 Time Off: 1530 Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nalad</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = "Type C" 1

Samples Collected By: J. Reddy Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Reddy Sample ID#: 10-15-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JK007 : 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 2.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 12⁴⁰ Time Off: 1³⁰ Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nadavid</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: J. Reddy Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 10-15-08-01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: TR007 8-Hr. TWA: 1 (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0700 Time Off: 1530 Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Wald</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Pacheco Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: W
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 10-14-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 : 8-Hr. TWA: 30 Min. EXC.:

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 1330 Time Off: 1350 Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Roddy</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Roddy Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittica Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: ~~81008~~ 8163 Sample ID#: 10-14-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYZZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 : 8-Hr. TWA: 2 (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0700 Time Off: 1530 Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Zach Nowak</u>	<u>1</u>
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Baftig Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC

P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527

www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: White Middle School
(Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigo Sample ID#: 10-10-08 - 02
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XYYYYZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 12:50 Time Off: 1:30 Total Time (minutes): 30 Respirator (1-3): _____

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>K. Hamiston</u>	<u>1</u>
2) <u>002</u>	<u>Z. Nalard</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
(6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
(9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
(12) = Other Surfacing Materials _____ (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
(E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
(H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodrigo Company: Compass
(Competent Person/Supervisor Name)



Compass Restoration Services, LLC

P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527

www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
(Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrig Sample ID#: 10-10-08 - 01
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate Pre 2.11 Post 1.65
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 07⁰⁰ Time Off: 15³⁰ Total Time (minutes): 510 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>Ka Hamilton</u>	<u>1</u>
2) <u>002</u>	<u>Z. Nardud</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
(6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
(9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
(12) = Other Surfacing Materials _____ (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
(E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
(H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
(L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodrig Company: Compass
(Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whitice Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigue Sample ID#: 10-9-08-02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 13¹⁰ Time Off: 13⁴⁰ Total Time (minutes): 30 Respirator (1-3): L

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>K. Humiston</u>	<u>1</u>
2) <u>004</u>	<u>L. Osbourne</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: T. Rodrigue Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Redrip Sample ID#: 10-9-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 07⁰⁰ Time Off: 15⁰⁰ Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>HUMISTOW</u>	<u>1</u>
2) <u>064</u>	<u>OSBOURNE</u>	
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		

ACM Types: (1) = ISI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Redrip Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: _____
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrig Sample ID#: 10-08-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 11:45 Time Off: 11:45 Total Time (minutes): 30 Respirator (1-3): _____

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>Humiston</u>	<u>1</u>
2) <u>004</u>	<u>Osbourne</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Rodrig Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 10-8-08-01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 07⁰⁰ Time Off: 15⁰⁰ Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>HUMISTON</u>	<u>1</u>
2) <u>004</u>	<u>OSBOURNE</u>	<u>1</u>
3)		
4)		
5)		
6)		
7)		
8)		

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)
 Employee ID#: 8163 Rodriguez Sample ID#: 10-7-08-02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1
 SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year
 Sample Pump Serial Number: JR 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)
 ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
 Time On: 1030 Time Off: 1050 Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. NADAV</u>	<u>1</u>
2) <u>003</u>	<u>K. HURSTON</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 10-7-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number JL 007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): C Flow Rate: Pre 2.11 Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0700 Time Off: _____ Total Time (minutes): _____ Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nardoni</u>	<u>1</u>
2) <u>003</u>	<u>K. Hampton</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 10-6-08-02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 11:15 Time Off: 11:45 Total Time (minutes): 30 Respirator (1-3): L

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>HUMISTON</u>	<u>1</u>
2) <u>006</u>	<u>ROZCZKA</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrig Sample ID#: 10-6-08-01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre-2.11 Post-1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0730 Time Off: 1530 Total Time (minutes): 450 Respirator (1-3): L

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>Humiston</u>	<u>1</u>
2) <u>006</u>	<u>Rozczka</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: J. Rodrig Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigo Sample ID#: 10-3-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: TR007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 9:22 Time Off: 9:52 Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>602</u>	<u>Z. Nadasel</u>	<u>1</u>
2) <u>003</u>	<u>K. Homiston</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodrigo Company: Compass
 (Competent Person/Supervisor Name)



EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigo Sample ID#: 10-3-08-61
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0730 Time Off: _____ Total Time (minutes): _____ Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nacland</u>	<u>1</u>
2) <u>003</u>	<u>K. Hornston</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials _____ (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: J. Rodrigo Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)
 Employee ID#: 8163 Rodriguez Sample ID#: 10-2-08-02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1
 SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year
 Sample Pump Serial Number: JR 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)
 ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
 Time On: 8⁰⁰ Time Off: 9²⁰ Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>Humiston</u>	<u>1</u>
2) <u>006</u>	<u>Rozkuzka</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 10-2-08-01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 7:30 Time Off: 15:00 Total Time (minutes): 420 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>009</u>	<u>K. Humiston</u>	<u>1</u>
2) <u>006</u>	<u>ROZKUBKA</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 10-1-08-02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 10¹⁵ Time Off: 10⁴⁵ Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>K. Humiston</u>	<u>1</u>
2) <u>006</u>	<u>N. Rozozka</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: 8163 ^{JK} Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)
 Employee ID#: 8163 Rodrigo Sample ID#: 10-1-08-01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1
 SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year
 Sample Pump Serial Number: JR200 8-Hr. TWA: () 30 Min. EXC.: ()
 ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
 Time On: 8:00 Time Off: 15:30 Total Time (minutes): 420 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>HUMISTON</u>	<u>1</u>
2) <u>066</u>	<u>ROZKUZKA</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: J. Rodrigo Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)
 Employee ID#: 8163 Rodriguez Sample ID#: 9-30-08 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1
 SSN: _____ - _____ - 8163 where XX-Month, YY-day, ZZ-year
 Sample Pump Serial Number: TR607 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓
 ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)
 Time On: 9:10 Time Off: 9:40 Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Madand</u>	<u>1</u>
2) <u>003</u>	<u>K. Hamiston</u>	<u>1</u>
3) <u>006</u>	<u>N. Rozkuzka</u>	<u>1</u>
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: J. Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 9-30-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: 30 Min. EXC.:

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 07:30 Time Off: _____ Total Time (minutes): _____ Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1)	<u>Z. Nadavel</u>	<u>1</u>
2)	<u>K. HOMISTON</u>	<u>1</u>
3)	<u>N. BOZKUZKA</u>	<u>1</u>
4)		
5)		
6)		
7)		
8)		

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: Jack Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 002 Nadav Sample ID#: 9-29-08 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓(✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 13:00 Time Off: 13:30 Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1)	<u>K. Humiston</u>	<u>1</u>
2)	<u>N. Rozkuzka</u>	<u>1</u>
3)		
4)		
5)		
6)		
7)		
8)		

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: Z. Nadav Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 002 Nadoud Sample ID#: 9-29-08 -01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: ✓ 30 Min. EXC.: ✓

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 8⁰⁰ Time Off: 15³⁰ Total Time (minutes): 420 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>K. Humistow</u>	<u>1</u>
2) <u>006</u>	<u>N. Rozkuska</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" 1

Samples Collected By: Z. Nadoud Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 9-26-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 002 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: _____ Time Off: _____ Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nostrand</u>	<u>1</u>
2) <u>004</u>	<u>L. Osbourne</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodrigo Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whitman Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 9-26-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JA007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 7:30 Time Off: _____ Total Time (minutes): _____ Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Ward</u>	<u>1</u>
2) <u>004</u>	<u>Oshorne</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Tack Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 - Rodrigo Sample ID#: 09-25-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 1030 Time Off: 11⁰⁰ Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>Himiston</u>	<u>1</u>
2) <u>004</u>	<u>Osburne</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
 (I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodrigo Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 09-25-08-01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JB 007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 0730 Time Off: 1530 Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>003</u>	<u>Humiston</u>	<u>1</u>
2) <u>004</u>	<u>Osborne</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: _____ Sample ID#: 9-24-08 - 04
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: _____ 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): _____ Activity (A-L): _____ Flow Rate: Pre _____ Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: _____ Time Off: _____ Total Time (minutes): _____ Respirator (1-3): _____

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: JACK RODRIGUEZ Company: COMPASS
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)
 Job#: _____ Task No.: _____ Job Name: Wh. Hierz Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: _____ Sample ID#: 9-24-08 - 03
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: _____ 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): _____ Activity (A-L): _____ Flow Rate: Pre _____ Post _____
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: _____ Time Off: _____ Total Time (minutes): _____ Respirator (1-3): _____

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1)	<u>ANK</u>	<u>1</u>
2)		
3)		
4)		
5)		
6)		
7)		
8)		

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: Jack Rodriguez Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whittier Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Sample ID#: 09-24-08 - 02
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 12³⁰ Time Off: 13⁰⁰ Total Time (minutes): 30 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Nadav</u>	<u>1</u>
2) <u>003</u>	<u>K. Humiston</u>	<u>1</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc. _____

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: Tak Reddy Company: Compass
 (Competent Person/Supervisor Name)



Compass Restoration Services, LLC
 P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
 www.compassrestorationservices.com

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: _____ Task No.: _____ Job Name: Whitaker Middle School
 (Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigo Sample ID#: 09-24-08 - 01
 (last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: JR007 8-Hr. TWA: (✓) 30 Min. EXC.: (✓)

ACM Type (1-11): 1 Activity (A-L): A Flow Rate: Pre 2.11 Post 1.65
 (enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 07³⁰ Time Off: 15³⁰ Total Time (minutes): 480 Respirator (1-3): 1

(For Lab use only)

FIBERS: _____ RECOUNT F/100: _____ ANALYST CV: _____

Other Employees Represented by This Sample (attached additional sheet if necessary):

Employee ID# (last 4 digits of SSN)	Name	Respirator (1-3)
1) <u>002</u>	<u>Z. Madawal</u>	<u>1</u>
2) <u>003</u>	<u>K. Hernandez</u>	<u>1</u>
3)		
4)		
5)		
6)		
7)		
8)		

ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP
 (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding
 (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks
 (12) = Other Surfacing Materials (13) = Misc.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
 (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning
 (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation
 (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodrigo Company: Compass
 (Competent Person/Supervisor Name)

Commonwealth of Massachusetts
Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Worker



KENNETH HUMISTON

Eff. Date 10/02/07

Exp. Date 10/01/08

AW074222

08



SP-REN

SP



Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Supervisor



KENNETH HUMISTON

Eff. Date 10/21/08

Exp. Date 10/20/09

AS073017

09



SP-REN

SP



PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Issue Date: 10/29/07

Employee Name: Kenneth Humiston

Employee SSN: 017-56-0225

Address: 44 Springfield St. Belchertown, MA 01007

Employer:

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to _____ so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

Check ALL that apply

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator, packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearers must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

LHCP Signature Sharon Jarmolowicz, PA-C

Employee's Signature

LHCP Name (printed)

10-29-07
Expiration Date

1 or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING:

Employee Name: Kenneth Humiston

Address: _____

Employer: _____

Employee SSN 01-756-0005

Check Type of Respirator(s) To Be Used (Check ALL that apply)

- Air-purifying (non-powered) Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA Closed Circuit SCBA
- Dust Mask 1/2 Face with Canisters Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Extent of Usage (Check ALL that apply)

- On a daily basis _____ Total Hours
- Occasionally - but not more than twice a week _____ Total Hours
- Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ALL that apply)

- Light Moderate Heavy

Exposure to Hazardous Materials (Check ALL that apply)

- Arsenic Benzene
- Coke Oven Cotton Seed / Dust
- Cadmium Formaldehyde
- Methylene Chloride Lead
- Textiles Chromium

Other(s): _____

Special Work Conditions
 Check ALL That Apply When Wearing Respirator)

- High Places Enclosed Places Protective Clothing
- Temperature Extremes Mostly Cold Mostly Hot
- Other: _____

Questionnaire will be: HAND CARRIED MAILED OTHER

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

- Employee must schedule a medical examination with _____ prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other: _____
- Class III - Respirator Use is NOT PERMITTED

- Further Testing / Evaluation is Required. ²
- Fit Test Required Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: _____

Special prescription eyewear needed to accommodate respirator Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

¹Physician or other Licensed Healthcare Professional
²Employee must seek further medical evaluation by a private physician who must submit a report to _____ of his/her findings to _____

Check ALL that apply)

The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Sharon Jarmolowicz, PA-C

 Physician's Signature

 Physician's Name (Printed)

 Physician's License Number (Optional in Most States)

10-29-07
 Date of Exam

10-29-08
 Expires On

RESPIRATOR EMPLOYEE DATA SHEET

Name: KEN HUMISTAN

Date: 1-28-08

Employer: Compass

List characteristics such as glasses, facial hair, dentures etc...

Respirator Type: _____

Manufacturer: _____

IRRITANT SMOKE TEST:

REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. Nod head all the way up and down. Inhale while looking at the ceiling.
- V. Speak loudly and slowly while you repeat after me as I read this Paragraph.
- VI. Jog in place.
- VII. Breathe normally.

Comments: _____

COMFORT:

- A. Very comfortable _____
- B. Tolerable _____
- C. Uncomfortable _____
- D. Unacceptable _____

**RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT**

Name: KEN Humiston

Type of Respirator: NORTH - 1/2 FACE

Date of issuance/training: _____

Date of medical examination: _____

Results on file? YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: Kenneth Humiston

Date: 1.22.09

CERTIFICATE OF ACHIEVEMENT

This certifies that

Kenneth Humiston

has successfully completed the

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763
conducted by**

*ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070*

Steven H. Williams
Principal Instructor

August 22, 2008
Date of Course

August 22, 2009
Expiration Date

Gregory J. Moroch
Regional Manager

SAR-8650
Certificate Number

August 22, 2008
Examination Date

Commonwealth of Massachusetts
Division of Occupational Safety



Laura M. Martin, Commissioner
Asbestos Worker

LUKE OSBORNE

Eff. Date 02/12/08

Exp. Date 02/11/09

AW073641

09

SP



SP-REN



**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887
(Phone) 978.658.5272

IEE

IEE

This is to certify that
Luke Osborne

*has completed the requisite training, and has passed
an examination for reaccreditation as:*

Asbestos Supervisor Refresher

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

February 9, 2008

Course Dates

February 09, 2009

Examination Date

Course Location

Institute for Environmental Education

16 Upton Drive
Wilmington, MA 01887

February 09, 2009

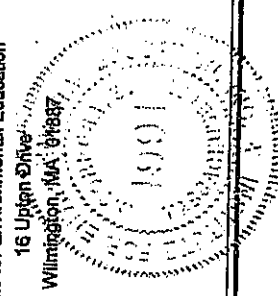
Expiration Date

08-3000-104-237206

Certificate Number

Wentworth

Training Director



Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 746-4006 Fax: (413) 746-3230

Service Date: 02/11/2008

Physical Exam

am Osborne, Luke

SSN: 024-84-3873

Date: 02/11/2008

Examination Results

Able to perform essential functions as listed.

Unable to perform all essential functions as listed. Please list failed essential function(s):

No medical restrictions are indicated.

The following medical restrictions are indicated:

Recommend further evaluation.

Remarks:

Sharon Jarmolowicz, PA-C
Provider Print Name Here

Provider Signature

RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT

Name: LUKE OSBORNE

Type of Respirator: NORTH - 1/2 FACE

Date of issuance/training: 1.28.08

Date of medical examination: _____

Results on file? YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: *Luke Osborne*

Date: 1.28.08

RESPIRATOR EMPLOYEE DATA SHEET

Name: LUKE OSBORNE

Date: 1.28.08

Employer: COMPASS

List characteristics such as glasses, facial hair, dentures etc....

Respirator Type: 1/2 FACE

Manufacturer: NORTH

IRRITANT SMOKE TEST:

REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. Nod head all the way up and down. Inhale while looking at the ceiling.
- V. Speak loudly and slowly while you repeat after me as I read this Paragraph.
- VI. Jog in place.
- VII. Breathe normally.

 ✓

 ✓

 ✓

 ✓

 ✓

 ✓

Comments: _____

COMFORT:

- A. Very comfortable
- B. Tolerable
- C. Uncomfortable
- D. Unacceptable

Commonwealth of Massachusetts
Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Supervisor



ZACHARY M NADAUD

Eff. Date 06/10/08

Exp. Date 06/09/09

AS073844

Renewal 10/10/08

SP

09



SP-REN



OSHA 001084767



U.S. Department of Labor
Occupational Safety and Health Administration

Zach Nadaud

has successfully completed a 10-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

Pete Rice 66873
(Trainer)

7/17/2006
(Date)

CERTIFICATE OF ACHIEVEMENT

This certifies that

Zac Nadaud

has successfully completed the

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763
conducted by**

**ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070**

Sean H. Sullivan

Principal Instructor

August 22, 2008

Date of Course

August 22, 2009

Expiration Date

Gregory J. Morach

Regional Manager

SAR-8652

Certificate Number

August 22, 2008

Examination Date

**RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT**

Name: ZAC NAJAVI
Type of Respirator: NORTH - 1/2 FACE
Date of issuance/training: _____
Date of medical examination: _____
Results on file? YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: *Zac Najavi*
Date: 1-23-08

RESPIRATOR EMPLOYEE DATA SHEET

Name: ZAC NADAW

Date: 1-28-08

Employer: COMPASS

List characteristics such as glasses, facial hair, dentures etc....

Respirator Type: 1/2 FACE

Manufacturer: NORTH

IRRITANT SMOKE TEST:

REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. Nod head all the way up and down. Inhale while looking at the ceiling.
- V. Speak loudly and slowly while you repeat after me as I read this Paragraph.
- VI. Jog in place.
- VII. Breathe normally.

✓

✓

✓

✓

✓

✓

✓

Comments: _____

COMFORT:

- A. Very comfortable
- B. Tolerable
- C. Uncomfortable
- D. Unacceptable

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 01/10/2008

Employee Name: Zaud, Zachary

Employee SSN: 020-62-2597

Address: 229 Miller Street E-4

LUDLOW MA 01056

Employer: Safe Environment of America

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (Mass) so that a final decision on your ability to wear a respirator can be made.

- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

Check ALL that apply

The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

I have reviewed the above named individual of the results of the evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Worker must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

Michelle Ricks RAC
LHCP Signature

Employee's Signature
1/10/08
Expiration Date

LHCP Name (printed)
Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (Mass)

140 Garando Dr. SPRINGFIELD, MA 01104
Phone: (413) 748-4008 Fax: (413) 748-3230

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Nadaud, Zachary

Address: 229 Miller Street E-4

Employer: Safe Environment of America

LUDLOW MA 01058
Employee SSN: 020-82-2597

Check Type of Respirator(s) To Be Used (Check ALL that apply)

- Air-purifying (non-powered)
- Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA
- Closed Circuit SCBA
- Dust Mask
- 1/2 Face with Canisters
- Full Face with Canisters

Extent of Usage (Check ALL that apply)

- On a daily basis _____ Total Hours
- Occasionally - but not more than twice a week _____ Total Hours
- Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ALL that apply)

- Light
- Moderate
- Heavy

Exposure to Hazardous Materials (Check ALL that apply)

- Arsenic
- Benzene
- Coke Oven
- Cotton Seed / Dust
- Cadmium
- Formaldehyde
- Methylene Chloride
- Lead
- Textiles
- Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT FOR RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions: Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

- Employee must schedule a medical examination with Concentra Medical Centers (Mass) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions
- Class III - Respirator Use is NOT PERMITTED
- To be used for Emergency Response or Escape Only
- Other: _____

Further Testing / Evaluation is Required, 2

Fit Test Required

- Fit Test Performed Unsuccessfully
- Fit Test Performed Satisfactorily
- Fit Test NOT Performed at: Concentra Medical Centers (M)
- Special prescription eyewear needed to accommodate respirator

Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

Physician or other Licensed Healthcare Professional Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (Mass)

(Check ALL that apply)

The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature: Michelle Rucker for

Physician's License Number (Optional in Most States): #1502 MA

Physician's Name (Printed): Michelle Rucker

Date of Exam: 1/10/09

Expires On: _____

sp_stmt_resp_employer

Commonwealth of Massachusetts
Division of Occupational Safety
Laura M. Marlin, Commissioner
Asbestos Supervisor



JACK RODRIGO

Eff. Date 01/11/2008
Exp. Date 01/10/2009
AS 61983
Member of C.O.N.E.S
NW001984



WN-REN



WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
JACK D. RODRIGO

CERTIFICATION NO. 001539
CURRENT THROUGH 11/30/07

VALIDATION NO. 03-429103

PROFESSION
ASBESTOS ABATEMENT WORKER

SIGNATURE
Jack Rodrigo
COMMISSIONER

OSHA 001084318



U.S. Department of Labor
Occupational Safety and Health Administration

Jack Rodrigo

has successfully completed a 10-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

Pete Rice 66873
(Trainer)

7/29/2006
(Date)

CERTIFICATE OF ACHIEVEMENT

This certifies that

Jack Rodrigo

has successfully completed the

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763**
conducted by

*ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070*

Dean H. Williams

Principal Instructor

August 22, 2008

Date of Course

August 22, 2009

Expiration Date

Gregory J. Morsch

Regional Manager

SAR-8649

Certificate Number

August 22, 2008

Examination Date

RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT

Name: JACK RODRIGO

Type of Respirator: NORTH-1/2 FACE

Date of issuance/training: 1-28-08

Date of medical examination: _____

Results on file? YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: *Jack Rodrigo*

Date: 1-28-08

RESPIRATOR EMPLOYEE DATA SHEET

Name: JACK RODRIGO

Date: 1-28-08

Employer: COMPASS

List characteristics such as glasses, facial hair, dentures etc...,

Respirator Type: 1/2 FACE

Manufacturer: NORCH

IRRITANT SMOKE TEST:

REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. Nod head all the way up and down. Inhale while looking at the ceiling.
- V. Speak loudly and slowly while you repeat after me as I read this Paragraph.
- VI. Jog in place.
- VII. Breathe normally.

Comments: _____

COMFORT:

- A. Very comfortable
- B. Tolerable
- C. Uncomfortable
- D. Unacceptable

Concentra Medical Centers (Mass)
 140 Curando Dr. SPRINGFIELD, MA 01104
 Phone: (413) 746-4008 Fax: (413) 740-3430
Medical Surveillance - Asbestos

Service Date: 09/16/2008

Patient: Rodrigo, Jack D.
 SSN: 017-50-8163
 DOB: 11/30/1958
 Gender: M
 Marital Status: S
 Address: 307 Pochassic Road
WESTFIELD, MA 01085
 Home Phone: (413) 562-4488
 Work Phone: (413) 265-1569 Ext.:

Job Title: _____
 Employer: Compass Restoration Services L
 Address: 16 Pheasant Run
BELCHERTOWN, MA 01007
 Job Contact: Victor Rodriguez
 Role: Primary Contact
 Phone: (413) 265-1569 Ext.:
 Fax: _____

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

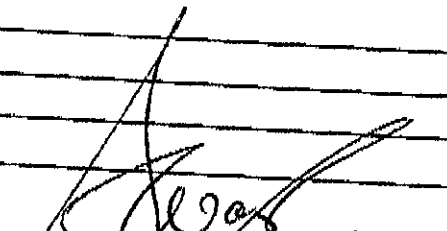
The above individual was seen on 09/16/2008 in accordance with: _____ 29 CFR 1926.1101.
 _____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____



 Provider Signature

9/16/08

 Date

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 746-4008 Fax: (413) 746-3230

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 09/16/2008

Employee Name:

Rodrigo, Jack D.

Employee SSN:

017-50-8163

Address:

307 Pochassic Road

WESTFIELD

MA

01085

Employer:

Compass Restoration Services LLC

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (Mass) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician.
- This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

LHCP Signature

[Signature]
DAVID WAUGH

LHCP Name (printed)

Physician or other Licensed Healthcare Professional

Employee's Signature

9/16/2008

Expiration Date

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (Mass)

140 Carenda Dr. SPRINGFIELD, MA 01104
Phone: (413) 746-4008 Fax: (413) 746-3230

Service Date: 09/16/2008

Non-Injury Status Report

Patient: Rodrigo, Jack D.

SSN: 017-60-8163

Address: 307 Pochassic Road
WESTFIELD, MA 01085

Home: (413) 562-4488

Work: (413) 265-1569 Ext.:

Employer Location: Compass Restoration Service
Address: 16 Pheasant Run

Contact: Victor Rodriguez
Role: Primary Contact

BELCHERTOWN, MA 01007
Phone: (413) 265-1569 Ext.:

Auth. by:

Fax:

This Visit:

Time In: 12:15 pm

Time Out: 01:48 pm

Visit Type: New

Asbestos Exam

Lead (Pb)-Whole Blood 83656B

Pulmonary Function Test

Asbestos Physical Periodic

Result Status:

Able to perform essential functions

No medical restrictions

Remarks: PATIENT IS QUALIFIED TO WEAR A RESPIRATOR, jj

Commonwealth of Massachusetts
Division of Occupational Safety

Laura M. Marlin, Commissioner



NATHAN ROZKUSZKA

09

Eff. Date 02/25/08
Exp. Date 02/24/09

AW074248

Member of C.O.N.E.S.
BO



CERTIFICATE OF ACHIEVEMENT

This certifies that

Nathan Rozkuszka

has successfully completed the

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course
Asbestos Accreditation Under TSCA Title II 40 CFR Part 763
conducted by**

*ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070*

[Signature]
Principal Instructor

August 22, 2008
Date of Course

August 22, 2009
Expiration Date

[Signature]
Regional Manager

SAR-8651
Certificate Number

August 22, 2008
Examination Date

RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT

Name: NATHAN REZKUSKI
Type of Respirator: NORTH-1/2 FACE
Date of issuance/training: 10.6.
Date of medical examination: 2.19.08
Results on file? YES

I certify on the above date, I was fit-tested and issued a respirator of the type listed, and that I was given training regarding its proper use and maintenance procedures.

I further certify that I understand the training provided to me and know that use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: Nathan Rezkuski
Date: 6.1.08

RESPIRATOR EMPLOYEE DATA SHEET

Name: NATHAN ROZKUSKA Date: 6-1-08

Employer: COMPASS RESPIRATION SERVICES

List characteristics such as glasses, facial hair, dentures etc.... N/A

Respirator Type: 1/2 APR Manufacturer: 3M

IRRITANT SMOKE TEST:

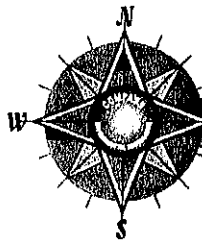
REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. Nod head all the way up and down. Inhale while looking at the ceiling.
- V. Speak loudly and slowly while you repeat after me as I read this Paragraph.
- VI. Jog in place.
- VII. Breathe normally.

Comments: _____

COMFORT:

- A. Very comfortable
- B. Tolerable _____
- C. Uncomfortable _____
- D. Unacceptable _____



COMPASS

RESTORATION SERVICES LLC

Restoring Homes, Buildings, & The Environment Within

officers, employees, nominees, personal representatives, affiliates, successors, assigns from and against any and all liability whatsoever, at common law or otherwise, except provisions of the applicable worker compensation laws.

4. I hereby warrant and represent that to the best of my knowledge I have not been diagnosed as having asbestos related diseases; or been disabled; laid off or compensated in damages or otherwise, because of the disease of asbestos.

I acknowledge that safety instructions have been given to me by the company at my work commencement and I am thoroughly conversant with them and have answered the above questions truthfully.

Name: NATHAN RECHINSKI

Signature: Nate Rechinski

Social Security Number: 022-76-9368

Respiratory Questionnaire And Examination Record

Patient: Rozkuszka, Nathan E Address: 12 Moody Street
SSN: 022-76-9368
DOB: 06/16/1985 LUDLOW, MA 01056
Gender: M Phone: (413) 583-6342

Race: ASIAN (Asiatico) BLACK (negro) HISPANIC (Hispano) INDIAN (Indio) WHITE (blanco) OTHER (otro)

OCCUPATIONAL HISTORY (ANTECEDENTES LABORALES)

Have you worked in:

(Ha trabajado anteriormente en:)

- A foundry (Una fundidora) Yes No
- Stone or mineral mining, quarry, or processing (Minas o excavaciones procesamiento de) Yes No
- Asbestos milling or processing (Molinos de minerales) Yes No
- Gas or chemical (Vapores o gases quimicos) Yes No
- Length of exposure (years) of each "Yes" (Periodo de tiempo por el cual estuvo usted expuesto)

Have you ever had:

(Ha tenido o padecido de:)

- Asthma (Asma) Yes No
- Allergies (Alergias) Yes No
- Chest Surgery (Cirugia en el pecho) Yes No
- Tuberculosis (Tuberculosis) Yes No
- Lung Problems (Problemas en los pulmones) Yes No
- If yes, name (Si contestó afirmativamente, explique)

Do you:

- Cough first thing in the morning (Tos durante las primeras horas del día) Yes No
- Cough during the day or night (Tos durante el día o durante la noche) Yes No
- Cough up phlegm (mucus) first thing in the morning (Tos con flemas durante las primeras horas del día) Yes No
- Cough up phlegm (mucus) during the day or night (Tos con flemas durante el día o durante la noche) Yes No
- Cough up phlegm (mucus) like this on most days, 3+ months a year (Tos con flemas la mayor parte del tiempo o más de) Yes No

MEDICAL HISTORY: (HISTORIA MEDICA)

- Do You Wear: Glasses Yes No
Contacts Yes No
- Have you ever had: (Ha tenido o padecido de:)
- Epilepsy (Epilepsia) Yes No
 - Diabetes (Diabetes) Yes No
 - Cancer (Cancer) Yes No
 - Heat Exhaustion (Exhausto debido a altas temperaturas) Yes No
 - Heart Disease (Enfermedades del corazon) Yes No

SMOKING (FUMAR CIGARRILLOS)

Have you ever smoked (Ha fumado alguna vez) Yes No
Years (Años) _____ Packs/day (Cajetillas por día)

CHEST COLD/CHEST ILLNESS (ESFRIADOS/ENFERMEDADES DEL PECHO)

I hereby certify and have answered the above questions to the best of my knowledge and the the answers are complete and true. (Por medio de la presente certifico que he contestado a estas preguntas en pleno uso de mis facultades y la información dada veraz.)

Employee signature (Firma del empleado)

RESPIRATOR:

Type _____ Disposable _____
 Full Face / Half Mask with cartridge or canister
 _____ Other _____

Reason for wearing a respirator: Asbestos Abatement

Activity level Light _____ % of use _____
 Moderate
 _____ Heavy

Pulmonary Function Tests:

FVC _____ FEV1 _____ FEV1/FVC% _____
 Predicted _____ Predicted _____
 Comments: Normal (See)

Chest X-Ray: # of views: _____ X-Ray #: _____
 Comments: No Prior Exposure
Asx; Not Needed

EXAMINATION:

Height 5'7" Weight 222 Pulse 80
 Blood Pressure 132/86/1 Respirations 12

Heart	<input checked="" type="radio"/> NL	AB
Lungs	<input checked="" type="radio"/> NL	AB
Ears	<input checked="" type="radio"/> NL	AB
Ear Drums	<input checked="" type="radio"/> NL	AB
Nose	<input checked="" type="radio"/> NL	AB

Comments: No Hearing

Respirator Fit Test: Needed Pass Fail

RESULTS: (see attached documentation)

- Worker is medically qualified for respirator use
- _____ Worker is not medically qualified for respirator use
- Worker should stop smoking
- _____ Worker must shave beard
- _____ Worker cannot wear contact lens with respirator, must use glass conversion kit

Physician's signature _____

Date 2/19/08

Medical Surveillance - Asbestos

Patient: Rozkuszka, Nathan E.

SSN: 022-76-9368

DOB: 06/16/1985

Gender: M

Marital Status: S

Address: 12 Moody Street

LUDLOW, MA 01056

Home Phone: (413) 583-6342

Work Phone: (999) 999-9999 Ext.:

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/19/2008 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available. *one 2 yrs ago*
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required. *No Prior Exposure; Not Needed*
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. *Stop Smoking*

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

[Handwritten Signature]

Provider Signature

2/19/08

Date

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 746-4008 Fax: (413) 746-3230

Service Date: 02/19/2008

Case Date: 02/19/2008

Private Status Report

Patient: Rozkuszka, Nathan E.

SSN: 022-76-9368

Address: 12 Moody Street

LUDLOW, MA 01056

Home: (413) 583-6342

Work: (999) 999-9999 Ext.:

This Visit:

Time In: 11:06 am

Time Out: 12:48 pm

Treating Provider: Alan M. Smolinski, MD

Diagnosis (if any):

Items Performed:

Custom Protocol

Pulmonary Function Test

Asbestos Physical-PrePlacement

Patient Status:

Remarks: COMPLETED PHYSICAL AND PFT. sm

Anticipated Date of MMI:

Next Visit(s):

ATTACHMENT G
WASTE SHIPMENT RECORD



173 Pickering Street
Portland, CT 06480
(860) 342-1022
Fax: (860) 342-1042

CT, MA RI, VT, NH, ME
GENERATORS

NY GENERATORS

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 264-6770

TK# ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____

Contractor _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Date Container Del. _____ Date of Pickup _____

Type of Container _____

VOLUME _____ CY Friable Non-Friable

MUST BE IN CUBIC YARDS

Asbestos, 9, MA2212, PG. III

Bag Drum T-Pack Wrapped Other

GENERATOR/BUILDING OWNER

Address _____

City _____ State _____ Zip _____

Phone Number _____

GENERATING LOCATION

Address _____

City _____ State _____ Zip _____

Phone Number _____

certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to IESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: _____

Driver: _____ Name _____ Address _____ Telephone # _____

Signature _____ Registration #: _____ State / # _____ Date: _____

Acknowledgement of receipt of materials

Transporter 2: RED Technologies LLC, 10 Northwood Drive Bloomfield, CT 06002 860-218-2428

Driver: _____ Name _____ Address _____ Telephone # _____

Signature _____ Registration #: _____ State / # _____ Date: _____

Acknowledgement of receipt of materials

Transfer Facility: Charles M. Gordon & Sons, Inc. 203 Pickering Street, Portland, CT 06480 860-342-1022

by: _____ Telephone # _____

Transfer Date: _____ Permit # 1130836 PO

Discrepancy: _____
Certification of transfer of materials covered by this manifest

Transporter 3: _____

Driver: _____ Name _____ Address _____ Telephone # _____

Signature _____ Registration #: _____ State / # _____ Date: _____

Acknowledgement of receipt of materials

Landfill Name: Minerva Enterprises

Location: 9000 Minerva Rd. Waynesburg, OH 44688

Phone: 330-866-3435 Permit # _____

Other Landfill Name: _____

Other Location: _____

Other Phone: _____ Permit # _____

Approximate Volume of Asbestos Received: _____

Discrepancy If Any: _____

Received by: _____ Date: _____

Certification of transfer of materials covered by this manifest

ATTACHMENT H
CRAWLSPACE SKETCH

Area B

office

Area A
double
suite

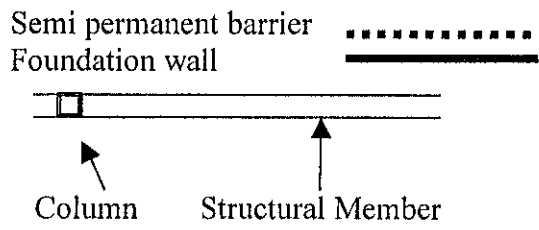
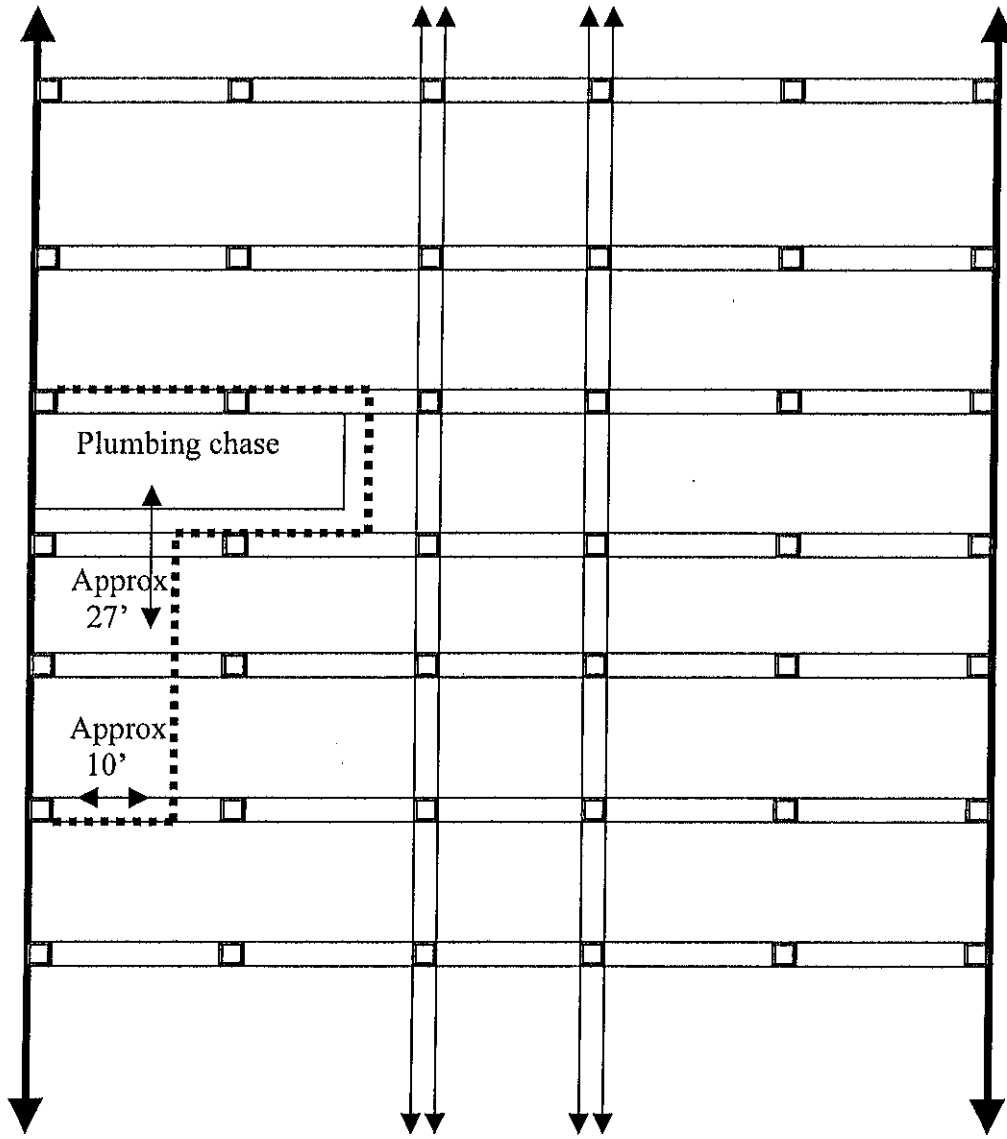
WHITTIER MIDDLE SCHOOL - GROUND FLOOR PLAN

1	EXISTING GROUND FLOOR PLAN
2	ARCH. PLAN
3	MECH. PLAN
4	ELECT. PLAN
5	PLUMB. PLAN
6	FIN. PLAN
7	CONTRACTOR'S PLAN
8	AS-BUILT PLAN

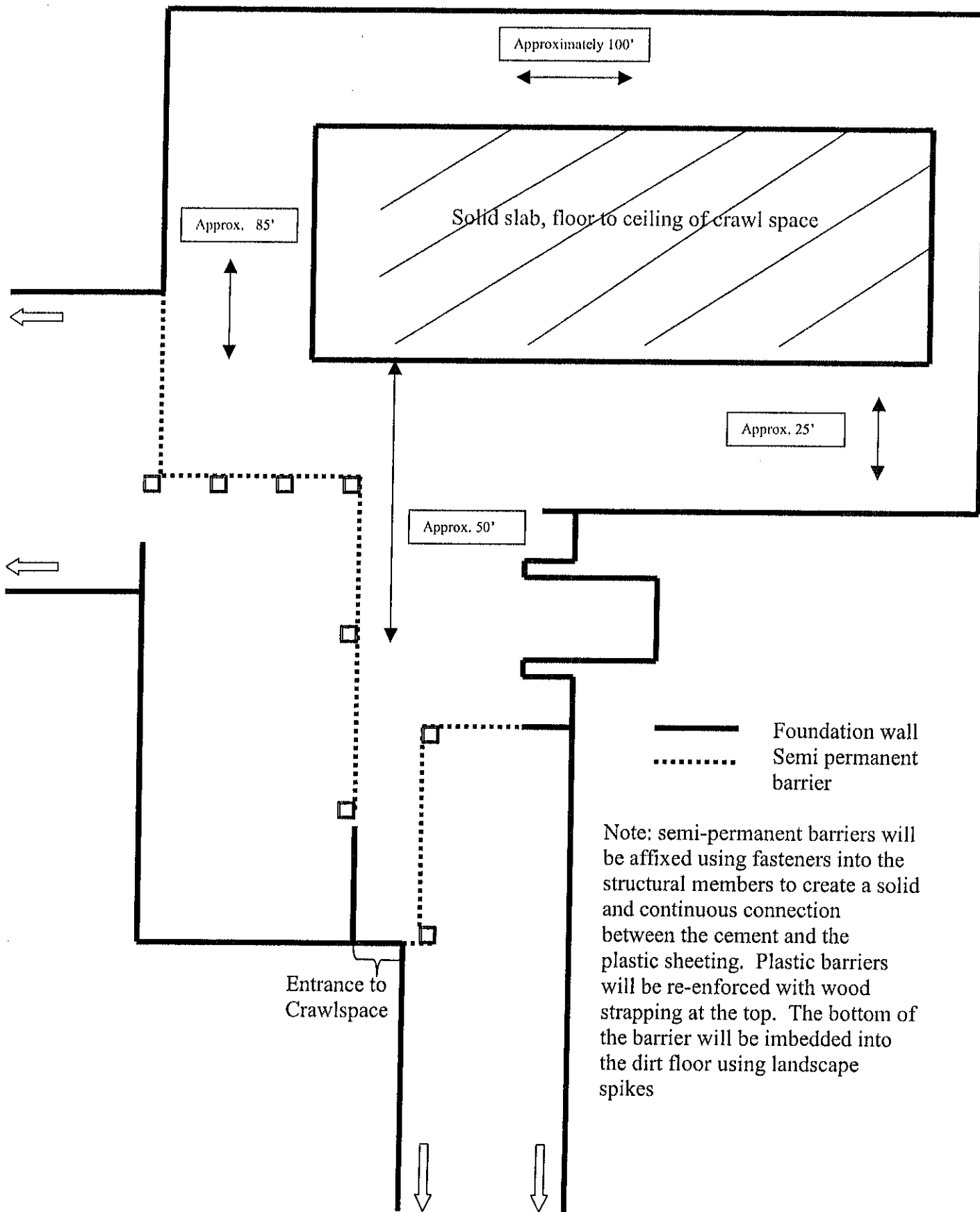
WHITTIER MIDDLE SCHOOL
256 CONCORD STREET • HAVERHILL, MASS.

ARCADD, INC.
ARCHITECTS PLANNERS
INTERIORS DESIGNERS
100 WASHINGTON STREET
HAVERHILL, MA 01830
TEL: 978-376-1000
FAX: 978-376-1001
WWW.ARCADD.COM

Height in crawlspace approximately 5'
Height in plumbing chase approximately 15'



Area A



Area B

